



VOLUNTEER PROGRAM



VOLUNTEER AGREEMENT

I agree to contribute a minimum of 60 hours and 6 consecutive months to the Children's Museum.

Volunteer Full Name

Volunteer Signature

Date (dd/mm/yyyy)

Parent/Guardian Signature

Date (dd/mm/yyyy)

School/Program Coordinator (if applicable)

Date (dd/mm/yyyy)

PROMOTIONAL CONSENT & RELEASE

I consent to the Manitoba Children's Museum Inc. using photographs, images, likenesses, and profiles of me and/or my voice for use in print and/or broadcast materials by the Manitoba Children's Museum Inc. and by third parties promoting the Manitoba Children's Museum Inc.

Further, I acknowledge that any photograph and/or footage may be edited and I hereby consent to such editing.

I release the Manitoba Children's Museum Inc. of any claim by reason of such editing, of any royalty for the use of such image, likeness, profile and voice in Manitoba Children's Museum Inc's use of such image, likeness, profile and voice for the purposes of promoting the Manitoba Children's Museum Inc.

Volunteer (Print Name)

Signature

Date (dd/mm/yyyy)

For volunteers younger than 18 years of age:

Parent/Guardian (Print Name)

Signature

Date (dd/mm/yyyy)