

## Connecticut Valley Agricultural Museum Volunteer Application

As a volunteer with the Town of Windsor Recreation and Leisure Services Department, you help shape and support your community as you encourage, guide our history and heritage. We seek fun, dedicated individuals who enjoy sports and want to make a difference in their community.

Northwest Park from its beginning in 1972, much of what once was tobacco farmland has been reclaimed into biologically diverse forests and fields embedded with streams and many pristine views. Ten different walking trails wind through the Park. Trails include a Sensory Saunter (under development) and a Braille trail. Self-guiding maps are available at the Nature Center. Monarch Meadow is a 12,500 square foot butterfly garden with over 100 “nectaring” and host plants. A fully accessible trail winds through this colorful meadow.

Northwest Park showcases wildlife management areas that are planted and managed for a variety of native species. Northwest Park is designed as an Important Bird Area (IBA) by the National Audubon Society. A variety of upland, grassland and wetlands species are found within the Park. Over 60-acres of grasslands are managed for the Grasshopper Sparrow-a Species of Special Concern in Connecticut.

The Park also showcases a nature center with hands-on exhibits, a living animal farm with agricultural exhibits, a tobacco cultural museum with exhibits, a tobacco archive with historical information, a picnic pavilion, a maple sugar house, a playground, a warming shed. These facilities are used throughout the year for a variety of public and school-related environmental and agricultural education programs.

Our philosophy of the youth sports offered by this department is to foster principles of character development through activities that encourage a life-long love for a healthy lifestyle.

In addition, Northwest Park is home of the Luddy and Gordon Taylor Connecticut Valley Agricultural Museum. Sponsored by the Connecticut Valley Tobacco Historical Society Inc. the facility and programs of the museum help preserve the artifacts and history of the tobacco agriculture. “The Connecticut Valley Tobacco Historical Society was formed in 1987 to help preserve the history of cigar tobacco agriculture, educate the present and future generations, operate a museum that seeks to increase public awareness of the importance of the economic, political, and social impact of the tobacco industry on the history of this valley.”

### HOW TO APPLY:

To be considered as a volunteer, please print and complete the following volunteer application and submit to:

The Connecticut Valley Agricultural Museum  
135 Lang Road  
Windsor, CT 06095

To find out more about volunteering as an ambassador of Northwest Park or to become a Friends of Northwest Park member, please call 860-285-1888 or email to [museum@townofwindsorct.com](mailto:museum@townofwindsorct.com)

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Please place an X in all that apply:

**Northwest Park Nature Center**

- ☐ Special Events   ☐ Gardening   ☐ Animal Care/Feeding   ☐ Beekeeping   ☐ Coffeehouses  
☐ Maple Sugaring   ☐ Trail Work   ☐ Exhibit Upkeep   ☐ Bluebird Box Upkeep and Monitoring

**Connecticut Valley Tobacco Museum**

- ☐ Saturday Guide   ☐ Archive Work   ☐ Collections/Data Entry   ☐ Event Assistant

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Name: Mr. /Mrs. /Ms. \_\_\_\_\_

First Name

Last Name

Middle Initial

Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Length of Time You Have Lived At Your Current Address: \_\_\_\_\_ \*

\*If less than 2 years, what was your last address? \_\_\_\_\_

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Volunteer Experience: Please list all volunteer experience:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

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**REFERENCES**

Please print the name, and phone number of three people other than relatives who would be in a position to evaluate your qualifications to serve as a volunteer.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long has he or she known you? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long has he or she known you? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long has he or she known you? \_\_\_\_\_

**Acknowledgement of Volunteer Statement:**

In the Town of Windsor Recreation and Leisure Services efforts to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer service, an inquiry will be made concerning my background, and I fully consent to and authorize all such inquiries.

If the Recreation and Leisure Services Department accepts my volunteer service, I will comply with all policies established from time to time by the organization.

I understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service.

I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that it is the Town of Windsor Recreation and Leisure Services policy to secure criminal history information as a part of the screening process for volunteers, including a State of Connecticut criminal history report.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the Recreation and Leisure Services Department the right to terminate my volunteer service at any time without liability or obligation.

I understand that if I am accepted as a volunteer, I agree to attend the necessary training sessions in order to fulfill my obligations.

I also realize that there is liability coverage provided by the Town of Windsor to cover me acting at the direction of and within the scope of my duties for Windsor, however, I understand that I am not covered under the Town's Worker's Compensation or medical coverage for injuries I sustain while performing volunteer activities.

I give the Town of Windsor permission to utilize any photographs and videos taken for publicity purposes.

I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Volunteer Code of Conduct**

- Smoking or use of tobacco products in the Recreation and Leisure Services programs or in town owned facilities is prohibited.
- Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
- Any form of abuse of children will not be tolerated including:
  - Physical Abuse – striking, spanking, shaking, or slapping
  - Verbal Abuse- humiliating, degrading, or threatening
  - Sexual Abuse – including inappropriate touching and exposure
  - Mental Abuse (self-esteem)- comparing or criticizing
- Volunteers shall treat everyone of all races, religions, and cultures with respect and consideration.
- Volunteers shall use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism.
- Volunteers shall abstain from humiliating or frightening discipline techniques.
- Volunteers shall not use profanity in the presence of children or adults.
- Volunteers shall refrain from intimate displays of affection toward others in the presence of children, adult members, and staff.
- Monetary and/or expensive gifts to volunteers are prohibited.
- Volunteers will do everything in their power to avoid being in a situation where they are alone with a child participating in the program (other than their own).
- Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.

I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Release of Liability**

I fully assume all risks associated with participation with the Town of Windsor Recreation and Leisure Services Department volunteer program, even if due to the negligence of the Town of Windsor, its agents, servants or employees, including the Connecticut Valley Tobacco Historical Society Inc.

I, hereby release The Town of Windsor, Staff, its agents, boards, commissions, as well as the Connecticut Valley Tobacco Historical Society Inc. from any and all liability in connection with any injury or claim of damages including attorney fees, in connection with volunteer work through the Town of Windsor and the Connecticut Valley Tobacco Historical Society Inc. even if caused by the negligence of the Town of Windsor, its agents, servants or employees or the Connecticut Valley Tobacco Historical Society Inc.

I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of Windsor, its agents and employees, and all of its departments, boards, commissions, and agencies, as well as the Connecticut Valley Tobacco Historical Society Inc. from any and all claims, suits or demands by anyone arising from my participation in the volunteer program, even if caused by the negligence of the Town of Windsor, its agents, servants or employees or the Connecticut Valley Tobacco Historical Society Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **CRIMINAL BACKGROUND CHECK RELEASE**

As a routine process of protecting our children, the Town of Windsor Recreation and Leisure Services will submit complete background check on volunteers working with children.

Please complete the following:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security # \_\_\_\_\_

I, the undersigned, authorize and consent to any person, firm, organization, agency or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to release information** the release and disclosure any and all information or records, and background. I have authorized this information to be released in connection with y application to be a volunteer.

Any person, firm, organization, agency or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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