Volunteer Position Description
Point Pinos Lighthouse Docent

Purpose: To increase public awareness of the historical importance of the Point Pinos Lighthouse, its architecture, its function, and its surrounding natural history.

Location: Point Pinos Lighthouse
80 Asilomar Ave Pacific Grove Ca 93950

Key Responsibilities: To welcome visitors, understand their goals for visiting the lighthouse, provide guidance in meeting those goals and answer questions.

Lighthouse Docents also:

1. Complete opening and closing procedures of the lighthouse.
2. Offer interpretation of the lighthouse and its exhibits.
3. Greet and guide scheduled tours of the lighthouse.
4. Firmly, but diplomatically state rules of behavior.
5. Assist at special lighthouse functions.
6. Promote the overall experience of tourists to our area through knowledgeable recommendations of other sights they might enjoy.

Reports to: The Lighthouse Docent Coordinator.

Length of Appointment: Lighthouse Docents are asked to commit to one year of service after satisfactory completion of training.

Time Commitment: Two shifts per month (shifts are typically 2.5 – 3 hours depending on current hours of operations) in tandem with another docent. The lighthouse hours are subject to change. Please visit www.cityofpg.org/lighthouse for current hours of operation. Docents arrive at least 15 minutes early for opening and leave with other docent after closing procedures are completed.

Qualifications and Characteristics:
1. At least 18 years of age.
2. Completion of training with demonstrable comprehension of information.
3. Demonstrated interest in visitors of all ages.
4. Ability to receive questions from visitors and respond in a clear manner.
5. Physical capability to assist during emergencies and ease of mobility on all three floors.

Support Provided:
1. Training: (a) opportunities to shadow an experienced docent for at least three shifts; (b) copies of books, ***Point Pinos Lighthouse*** (McCaffery) and ***Emily Fish*** (Stumbo); (c) monthly or bi-monthly meetings for enrichment and updates.
2. Schedules available on docent website.
3. Workers' compensation insurance coverage.
4. A 20% discount in the Lighthouse Gift Shop.

Contact Information:
If you are interested in applying to become a Point Pinos Lighthouse Docent, please contact Volunteer Coordinator, Amy Colony at acolony@cityofpacificgrove.org or (831) 648-5722 x 4202.

City of Pacific Grove
300 Forest Avenue
Pacific Grove, CA 93950
(831) 648-3176

Point Pinos Lighthouse
Docent Application Form

Your contact information:

Name _____

Home Address _____

Cell Phone _____ Home Phone _____

Email: _____

Availability:
On which days of the week could you work? (Shifts usually are 2.5-3hrs each)

☐ Monday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

If you become a volunteer, can you commit to a minimum of one year? ☐ No ☐ Yes

Why do you want to volunteer? _____

_____

If you have interest or expertise in a subject matter, please describe:

_____

Your current employer (if applicable):

Your Position/Title _____

Employer Name _____

Address _____

Emergency contact information:
Name _____

Home Address _____

Work Phone _____ Home Phone _____

Relationship to you _____

References:

Please list three people who know you well and can attest to your character, skills and dependability.

	Name	Phone Number or Email Address	Length of relationship
1.			
2.			
3.			

Please read the following carefully before signing this application:

I, _____, choose to participate as a Lighthouse Docent, as a volunteer and understand that my services are donated to the City of Pacific Grove (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in case of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer Lighthouse programs.

Signature of Participant: _____ **Date:** _____

Your application is not complete without your signature. This information will remain confidential.

Please email your completed application to:
Amy Colony, Volunteer Coordinator at acolony@cityofpacificgrove.org

Or mail to:
ATTN: Amy Colony
300 Forest Ave
Pacific Grove, CA 93950

City of Pacific Grove Volunteer Agreement and Release

Volunteer Name: _____ **Date:** _____

Volunteer Agreement and Workers Compensation I hereby choose to provide services in the City of Pacific Grove's (City) volunteer program and understand that my services are donated to the City without expectation of compensation, benefits, or future employment. I understand I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

Assumption of Risk I understand the services I provide to the City may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities and release the City for all liability.

Release of Liability I hereby waive, release and forever discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the volunteer program. This release is intended to discharge, in advance, the City, its officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation. I further agree to indemnify, defend and hold the City, its officers, officials, employees, agents and volunteers harmless from any loss, liability, claim, damage, or expense that may incur as a result of my participation in the volunteer program. I expressly agree this Release is intended to be as broad and inclusive as permitted by California law and that this Release shall be governed by and interpreted in accordance with California law. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

COVID-19 Release of Liability: I am aware of the COVID-19 pandemic and related governmental orders, directives and guidelines (collectively "Directives"), including Directives for frequent hand washing, social distancing and use of face masks in public locations. I am aware that these volunteer activities are occurring in a public location during the COVID -19 pandemic and are therefore hazardous activities. I am aware that I could be infected, become seriously ill or even die due to COVID-19. I am aware that my family, friends, and others with whom I have contact could be infected, become seriously ill or even die due to a COVID-19 infection that I may acquire and transmit by reason of my volunteer activities. I am voluntarily participating in these volunteer activities with knowledge of the danger involved and agree to assume those risks.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE ABOVE STATEMENTS.

Volunteer Signature_____Date _____

Legal Guardian Signature (if under 18)_____Date _____