Connecticut Commission on Culture & Tourism

Historic Preservation And Museum Division

Museum Guidelines & Volunteer/Special Use Applications

Connecticut Commission on Culture & Tourism

CCT MUSEUM GUIDELINES

WELCOME TO THE CONNECTICUT COMMISSION ON CULTURE & TOURISM HISTORIC PRESERVATION AND MUSEUM DIVISION

The Connecticut Commission on Culture & Tourism ("commission") finds volunteers to be valuable resources for the enhancement of the museums that fall under the jurisdiction of this agency. With the experience and vitality of volunteers, the commission is better able to make its historic assets accessible to all. By giving time and talents, volunteers make an important contribution toward the preservation of Connecticut's history and culture for future generations.

These guidelines are intended to answer the many questions which arise regarding volunteering or hosting an event at one of our museums. If you would like to become a volunteer or host an event, please complete the applicable forms and contact the Museum Director at the commission or a staff member at the specific museum in which you are interested.

MISSION STATEMENT

To preserve and promote Connecticut's cultural and tourism assets in order to enhance the quality of life and economic vitality of the State.

STATUTORY AUTHORITY

Connecticut General Statutes §10-413 authorizes the commission to maintain and operate historic properties for public visitation so as to inform the public of the historic significance of the site. Currently, the commission owns and operates the following historic structures for public visitation:

Henry Whitfield State Museum
National Historic Landmark
State Archaeological Preserve
248 Old Whitfield Street
Guilford, CT 06437

Prudence Crandall Museum
National Historic Landmark
1 South Canterbury Road
Junction of Routes 169 & 14
(mailing address: P.O. Box 58)
Canterbury, CT 06331

New-Gate Prison & Copper Mine
National Historic Landmark
State Archaeological Preserve
115 Newgate Road
(mailing address: P.O. Box 254)
East Granby, CT 06026

Sloane-Stanley Museum & Kent Iron Furnace
National Register of Historic Places
State Archaeological Preserve
31 Kent-Cornwall Road, Route 7
(mailing address: P.O. Box 917)
Kent, CT 06757

CONNECTICUT COMMISSION ON CULTURE & TOURISM

The commission is located at: One Constitution Plaza
2nd Floor
Hartford, CT 06103
860-256-2800
www.cultureandtourism.org

The Museum Director is: Karin Peterson
860-256-2760
karin.peterson@ct.gov

GENERAL INFORMATION - VOLUNTEERS

Volunteer Opportunities
Volunteer opportunities include:

- Visitor services including gift shop host, greeter of visitors and tour guide
- Assisting with educational programs for school groups
- Historical interpreter/craft demonstrator
- Special event host including serving refreshments, overseeing hands-on activities, acting as a docent, or directing parking
- Grounds or building maintenance
- Curatorial activities including research, cataloging, and exhibit preparation and installation
- Photography for publicity or archives
- Clerical

Volunteer Benefits
Volunteer benefits include:

- Support of state's efforts to preserve and interpret Connecticut's heritage
- Career development
- Opportunity to expand knowledge of history and museum skills
- Meeting people from all over the country and the world
- 20% discount in commission's museum gift shops
- Free admission to commission's four historical museums

Attendance and Conduct
While performing activities at a commission museum, all volunteers shall conduct themselves in a professional manner and abide by the same standards as employees of the commission. For scheduling purposes, volunteers shall inform the site curator/ museum assistant as soon as possible if they are unable to work on a planned day or if there is a change in start or end times. Each museum will have appropriate logs to record daily attendance and activity records.

Agency Policies
Volunteers shall address all inquiries about agency policies and regulations to the commission Museum Director.

All information provided in volunteer application shall become "public record" under the Freedom of Information Act, C.G.S. §1-210 et. seq., and as such, may be subject to public disclosure.

Emergencies
Volunteers shall report any accidents, emergencies or work-related problems immediately to the museum curator/museum assistant on site and the Museum Director. All OSHA policies and regulations shall apply to all volunteers under the direction of the commission.

Changes or Damage to State Property
If a volunteer intentionally damages or is negligent thus causing damage to State property, he/she shall be held personally liable.

The museums and other historic buildings are the property of the commission and, therefore, any changes to or work performed shall be done at the sole discretion and direction of the Museum Director. No unauthorized alterations or work shall be performed without explicit direction of Museum Director.

Identification
The Museum Director will provide any necessary identification for museum volunteers.

Age Limits
Any age guidelines used for the commission staff will be considered to apply also to all volunteers.

Volunteers
Nothing in these guidelines or the submission of volunteer forms shall be construed as creating an employer-employee relationship. Volunteers serve at the pleasure of the commission and their services as a volunteer may be terminate at any time, with or without cause.

GENERAL INFORMATION – SPECIAL USE

Special Uses & Events
Special uses and events may be permitted by the commission when there is meaningful association between the museum and the event and the event will contribute to the visitor understanding of the significance of the museum. Completed applications and proof of the requisite liability insurance shall be submitted to the Museum Director at least thirty (30) days prior to the date of the requested use.

Requests for filming are to be made in writing directly to the Museum Director.

Appropriate Use
The concept of appropriate use is especially important with regard to visitor enjoyment because the fundamental purpose of all museums also includes providing for the enjoyment and education for present and future generations. Uses shall be consistent with the historic integrity and mission. The determination of an appropriate use is at the sole discretion of the commission, through the Museum Director. In exercising its discretion, the commission shall allow only uses that are (1) appropriate to the purpose for which the museum serves and (2) can be sustained without causing unacceptable impacts.

A representative of the commission shall be on the premises at all times during the special use. All associated costs must be reimbursed by the licensee.

INSURANCE

VOLUNTEERS:
Vehicle Insurance
There shall be no requirement for any volunteer to drive either his/her own vehicle or a state owned vehicle during the course of volunteering. Volunteers shall have their own personal vehicle insurance.

As an individual, the volunteer would be covered by their own personal insurance.

Personal Injury Insurance
• Liability Issues – Personal Injury:
If an accident occurred on site and a volunteer is injured or killed, the State of Connecticut will provide the following coverage:

Accidental Death: Principal Sum:	$10,000
Accidental Dismemberment: Principal Sum:	$10,000
Accidental Medical Expense: Maximum Benefit:	$5,000
Deductible Amount:	$0.00
Maximum Dental Limit:	$250.00

Accident Total Disability: NONE (this is not part of the State's policy)

The volunteer's personal medical insurance can be used as secondary coverage.

• Worker's Compensation
Volunteers and other non-paid persons are not covered by Worker's Compensation. Nothing in these guidelines or the completion and submission of volunteer forms shall be construed as creating an employee-employer relationship.

• Personal Property
The State is not responsible for loss or damage to personal property belonging to a volunteer which the volunteer has brought on site at his/her own will.

SPECIAL USE & EVENTS:
Liability Insurance
All groups requesting to use a museum or property shall, along with completing requisite application, provide the following proof of insurance:

• Insurance Requirements
All requirements stated are set by the State Insurance and Risk Management Board (SIRMB) and are not subject to the discretion of CCT and/or its employees.

The insurance policy(s), which financially supports the hold harmless and indemnification agreement, does not automatically become effective upon execution of the contract. Coverage applies only when the outside group's insurance company issues the required insurance policies or endorses existing policies to conform to the State's guidelines.

Before commencing work or conducting an event, the outside group shall obtain, at its own cost and for the duration of the contract, the following insurance:

1) Commercial General Liability: $1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. Coverage shall include, Premises and Operations, Independent Contractors, Products and Completed Operations, Contractual Liability and Broad Form Property Damage coverage. If a general aggregate is used, the general aggregate limit shall apply separately to the project or the general aggregate limit shall be twice the occurrence limit.

Alcoholic beverages may not be served or sold at any commission museum. The State of Connecticut would require, however, that if alcoholic beverages are served, but not sold, then host liquor liability coverage should be included within the Commercial General Liability coverage. If alcoholic beverages are sold, then a separate Liquor Liability policy ($1,000,000 limit) is required. If an event is catered, then the caterer is required to have insurance coverage in the same amount. A Liquor Liability policy is required of the entity that is either serving or providing the alcohol.

The Friends groups, recognized by the commission, shall, at their own cost for any single event, obtain Commercial General Liability coverage in the amount of $500,000.00 combined single limit per occurrence for bodily injury, personal injury and property damage. All other provisions regarding insurance requirements stated herein shall apply.

2) Automobile Liability: $1,000,000 combined single limit per accident for bodily injury. Coverage extends to owned, hired and non-owned automobiles. If the vendor/contractor does not own an automobile used in the execution of the contract, then only hired and non-owned coverage is required. If a vehicle is not used in the execution of the contract then automobile coverage is not required.

3) Workers' Compensation and Employers Liability: Statutory coverage in compliance with the Compensation laws of the State of Connecticut. Coverage shall include Employer's Liability with minimum limits of $100,000 each accident, $500,000 Policy Disease Limit, $100,000 each employee.

An Umbrella Policy may be used to meet the minimum liability limit guidelines (i.e. permittee has only $500,000 of Commercial General Liability and Auto coverage, but they buy a $500,000 Umbrella policy to meet the $1,000,000 minimum liability limit requirements).

• Insurance Provisions

A) The State of Connecticut, its officers, officials, employees, agents, Boards and Commissions shall be named as Additional Insured on the Commercial General Liability Policy and Umbrella Policy. The coverage shall contain no special limitations on the scope of protection afforded to the State.

B) The outside group shall assume any and all deductibles in the described insurance policies.

C) The outside group's insurer shall have no right of recovery or subrogation against the State and the described insurance shall be primary coverage.

D) Any failure to comply with the reporting provisions of the policy shall not affect coverage provided to the State.

E) Each required insurance policy shall not be suspended, voided, cancelled or reduced except after 30 days prior written notice by certified mail, has been given to the State.

F) "Claims Made" coverage is unacceptable with the exception of Professional Liability. All coverage is to be written on an "Occurrence" policy form.

• Verification of Coverage

A Certificate of Insurance must be received and approved by the commission no later than 10 (ten) days after the execution of the Request for Special Use. The certificate must be signed by a person authorized to sign by the insurer and shall prove that the minimum limits of coverage are provided and the terms and conditions.

The Certificate of Insurance shall clearly identify the State of Connecticut, its officers, officials, employees, agents, Boards and Commissions as Additional Insureds and shall indicate a minimum thirty (30) day endeavor to notify requirement in the event of cancellation or non-renewal of coverage

FRIENDS GROUPS

The Historic Preservation and Museum Division of the commission values the relationships it has with the following friends groups. Friends groups are museum support organizations and are valuable assets to our museums. While members of the public need not be members of any friends group, they may find these groups a good resource.

Old New-Gate Inc.
P.O. Box 169
North Granby, CT 06060

Friends of the Henry Whitfield Museum
c/o Henry Whitfield State Museum
248 Old Whitfield Street
Guilford, CT 06437

Friends of Prudence
P.O. Box 34
Canterbury, CT 06331

Friends groups may participate in commission sponsored events. Any profits earned by the Friends groups during commission sponsored events shall be devoted to programs, events and activities which benefit the museum.

STATE MUSEUM INDIVIDUAL VOLUNTEER APPLICATION

If you would like volunteer your services or time with the commission, please provide the information requested below and send it to the Museum Director, Connecticut Commission on Culture & Tourism, Historic Preservation & Museum Division, One Constitution Plaza, 2nd Floor, Hartford, CT 06106.

The completion and submission of this volunteer application shall not create an employee-employer relationship. Volunteers shall serve at the sole discretion of the commission. The commission reserves the right to terminate any volunteer's service at any time.

APPLICANT INFORMATION

Name (Please Print) _____ Date _____

Address _____

City/State/Zip _____

Telephone (Home) _____ (Work) _____

E-mail _____

Place of Employment _____

Should we need to reach you, is it permissible to call you at work? Yes ☐ No ☐

Emergency Contact _____

Relationship _____ Contact Phone _____

Have you volunteered for the commission before? Yes ☐ No ☐

Where? _____ When? _____

Task(s) Performed _____

_____

_____

Museum Preferred (By order of first choice) _____

_____

Would you be willing to volunteer at other museums? Yes ☐ No ☐

If so, where_____

Check areas which are of interest to you:

Visitor Services ☐	Housekeeping ☐	Office ☐
Educational programs and school groups ☐	Maintenance ☐	Research ☐
Special Events ☐	Gardening/landscaping ☐	Collections ☐

Other (be specific) _____

Do you have a valid Driver's License? Yes ☐ No ☐

If yes, License Number _____

If you are younger than 18 years old, enter your age _____

Do you have any affiliation with related groups or organizations? (E.g.: local historical society, Friends group)

If yes, please indicate below.

_____

_____

APPLICANT INFORMATION (CON'TD)

Experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificates or other licenses have expiration dates, indicate the dates)

_____

_____

Are you fluent in a language other than English? Yes ☐ No ☐

If yes, which: _____

Have you ever been convicted under criminal or military law, forfeited bond or collateral, or are criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.) Yes ☐ No ☐

If yes, attach a detailed explanation about the nature of the conviction, degree of rehabilitation and if applicable, how long since your release.

REQUEST FOR REFERENCES

Please provide the name of three references who know your abilities and interests:

1. Personal Reference

Name: _____

Phone Number: _____

Describe how long you have known this person and what type of relationship you have with this person.

2. Employment References (if applicable)

Name: _____

Organization: _____

Phone Number: _____

Describe your relationship with this organization, including duties performed and dates of employment.

3. Volunteer Reference (if applicable)

Name: _____

Organization: _____

Phone Number: _____

Describe your volunteer assignments and length of time you served with this organization.

CERTIFICATION AND SIGNATURE

I, _____, hope to volunteer with the commission's Historic Preservation
(Print name)

and Museum Division under the auspices of
_____.
(Museum)

I will abide by all rules, policies, directives and laws of the commission. I hereby release the commission and its employees, agents and/or servants from any liability for any accident or injury I might suffer during the course of my volunteer work with the exception of intentional acts or omissions committed by employees or agents of the commission.

Signed:_____ Date:_____

Witness:_____ Date:_____
(Name)

Witness:_____ Date:_____
(Name)

I certify that the information on this application is correct. I authorize the Connecticut Commission on Culture & Tourism to call my references to obtain information pertinent to my responsibilities as a volunteer at the commission. I hereby agree to abide by the policies, directives and laws of the commission. I understand that I will not become an employee of the commission or the State of Connecticut and that nothing contained herein creates an employee-employer relationship. I further understand that the commission may terminate my role as a volunteer at any time.

Signature_____ Date_____

The commission is an affirmative action/equal opportunity employer, providing programs and services in fair and impartial manner. In conformance with the American with Disabilities Act, the commission makes every effort to provide equally effective services for persons with disabilities.

STATE MUSEUM SPECIAL USE APPLICATION

REQUEST FOR SPECIAL USE

All applications for special use &/or events must be made at least thirty (30) days prior to requested date.

Date: _____

Organization (licensee): _____

Address: _____

Telephone: _____

Contact Person: _____

Please state the purpose for which you intend to use the museum & property:

Date of Use (indicate rain date if appropriate): _____

_____

Hours Requested (include set-up, event & clean-up): _____

_____

Portion of Property Intended to be Used: _____

_____

_____

_____

RESPONSIBILITIES AND OBLIGATIONS OF LICENSEE:

1. Licensee shall contact the commission site staff as directed to arrange on-site details upon notification of approval of this request. Arrangements must be complete at least three days prior to use.
2. Licensee shall secure Commercial General Liability Insurance, as required, in the amount of $_____ to cover all aspects of the licensee's use of _____ (museum) with the State of Connecticut named as an additional insured. A Certificate of Insurance documenting this coverage must be received no later than 10 (ten) days after the execution of this Request.
3. Licensee shall not assign this license.
4. Licensee and/or its agents, members and/or employees shall not cause damage to State property.
5. Licensee's event, if open to the general public, shall be accessible to individuals with disabilities.
6. Licensee shall secure any other licenses, permits or approvals otherwise required for its use by the federal government, the State of Connecticut or local government.
7. Licensee shall comply with any reasonable order, oral or written, by the commission, its employees and/or its designated representative.
8. Said license is revocable, without cause, immediately upon oral or written notice of licensor.
9. Licensee shall not serve or sell alcoholic beverages.
10. Licensee shall leave the facility in the same condition as it was found prior to the event, including the removal of all trash.
11. Licensee shall protect the health and safety of attendees of the event.
12. Commercial activity, except as specified below, is prohibited.
13. Licensee shall reimburse licensor for personnel costs as determined by licensor.

LICENSOR HEREBY LICENSES TO THE LICENSEE THE FOLLOWING:

1. Licensee shall have access to the premises as follows: (date/time/location)

2. Licensee may use the premises for the following purposes: (describe event)

3. Licensee may sell the following at the event and retain any profit.

4. Licensee may charge the following to the public for access to the event and retain the earned income as stated above.

Additional terms and conditions:

THIS LICENSE IS VALID ONLY IF SIGNED BY BOTH PARTIES.

By: _____ Approved: _____

(Licensee) (Executive Director or designated representative)

Its _____

Connecticut Commission
on Culture & Tourism

Connecticut Commission on Culture & Tourism
One Constitution Plaza
2nd Floor
Hartford, CT 06103
Telephone: 860-256-2800

Web: www.cultureandtourism.org/history