



Volunteer Application

Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Date of Birth _____ Drivers License or State ID # _____ State _____

Occupation _____

Previous/Other Volunteer Experience _____

Conviction – Have you ever been convicted of a criminal offense (felony or misdemeanor), which has not been judicially ordered, sealed, expunged, or statutorily eradicated? (Omit convictions for marijuana-related offenses that are more than two years old, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and judicially dismissed under Penal Code section 1203.4.) Yes No

If yes, state nature of the offense or offenses, when and where convicted, and the disposition of the offense.

(Note: No applicant will be denied a volunteer placement solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, the relevance of the offense to the position(s) applied for and any other relevant factors are considered.)

Applicant Age Group: Teen (13-17) Adult (18-64) Senior (65+)

Education Grade Completed (circle one): 6 7 8 9 10 11 12 College Completed (circle one): 1 2 3 4 5 6 +

Degree(s): _____ Other: _____

Professional Memberships: _____

Foreign Languages: _____ Speak Read Write

_____ Speak Read Write

Specialized training/skills: _____

Computer Skills: Word Photoshop Excel Adobe Creator Access PowerPoint Publisher

Other: _____

Volunteer Application

Is any or all of your volunteer time to be credited toward a project, certification or degree program for a school, community organization or religious program or any other? No Yes.

Please list required project for credit _____

I am most interested in volunteering for the following: (Check one or more.)

- Museum Docent Displays/Artifact Care Special Events Reception Work Office/Computer
- Library/Archives Aircraft Maintenance Facilities Maintenance Restoration
- Membership Growth Education Programs Other

I am most often available for volunteer assignments on:

- Sunday** **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Hours: _____

- I prefer: Regular Weekly Flexible Hours Weekends/Evenings Short-Term Projects
- Open-Ended Projects On-Call Assignments Only

In Case of Emergency:

Whom should we notify? _____

Relationship to Applicant _____ Phone _____

Physician's Name _____ Phone _____

Do you have any medical history that we should be aware of in the event of an emergency? (Allergies, medications, etc.)

Western Museum of Flight Volunteer Agreement

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the Western Museum of Flight to investigate any information contained in this application. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that such information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from the Volunteer Program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind. I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the Western Museum of flight and its agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 20____

Volunteer Signature _____

Parent/Guardian Print Name (if Minor) _____

Parent/Guardian Signature (if Minor) _____