



# Youth Volunteer Application

Please print clearly and provide ALL information.

Once completed, please email this form to [volunteers@museumofflight.org](mailto:volunteers@museumofflight.org).

**Are you age 14 to 17?**  Yes *If you are age 18+, please use the Adult Volunteer application.*

## Volunteer Information

Today's Date: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education *Please list the school you are currently attending.*

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## Work/Volunteer History *Please list any previous work, volunteer, or intern experience. Begin with the most recent.*

Employer/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

## References

Please use the Reference Questionnaire to provide two references from a current or former teacher/counselor/coach/supervisor/employer.

## General Background

Why are you interested in becoming a volunteer at The Museum of Flight?

\_\_\_\_\_  
\_\_\_\_\_

Please describe any hobbies, skills, science/engineering/technology projects, or special interests.

\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Positions

Please indicate which youth volunteer position you are interested in.

- Gallery Ambassador** *(Minimum age is 14.)*  
A Gallery Ambassador is a volunteer mixture position between concierge and security guard. The Museum places Ambassadors at the entrances and in the Charles Simonyi Gallery. They encourage guests to learn about the Museum while supervising the galleries to ensure the safety and preservation of the artifacts. *Minimum age is 14.*
- Pavilion Ambassador** *(Minimum age is 15.)*  
Pavilion Ambassadors rotate among Air Force One, 727, 747, and 787 to provide customer service such as answering questions about these exhibits, taking count of visitors going inside, and monitoring traffic flow. It is a great opportunity to meet people from all over the world and support some of the Museum's most popular artifacts. *Minimum age is 15.*
- Museum Apprentice Program (MAP)**  
MAP participants complete an 8-hour training course on exhibit design, presentation techniques, and aviation history. After the training class, participants choose one of three Apprentice Pathways for continuing a year-long (30-hour minimum) volunteer commitment to the Museum. MAP meets every Thursday evening. Apprentices work on their projects during this time. MAP runs year around. **MAP requires an additional application form. Download at [museumofflight.org](http://museumofflight.org)**

High School Students (10th to 12th grade) interested in volunteering for the **ACE Counselor Apprentice Program** *(Summers only)* as Apprentice Counselors may begin registration in January for placement in that summer's program.

Registration information for ACE Counselor Apprentice Program can be found at: [museumofflight.org/ace](http://museumofflight.org/ace).

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## Certification and Acknowledgement

I certify that all information submitted in this volunteer application, my resume, interview, or other information is true and complete and that I have not intentionally withheld any information that would affect my application to volunteer at The Museum of Flight. I understand that a reference form must be provided. If accepted as a volunteer, I understand and agree that I will be evaluated for job performance and may be terminated for poor performance or inappropriate behavior according to Museum procedures. I understand that my parent/guardian's signature must be included on this application form.

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

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## Parent/Guardian Permission

My child/ward has permission to participate in the activities acting as a volunteer at The Museum of Flight. I understand that activities may have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health, and willing and able to abide by Museum policies. I recognize that volunteers must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to themselves and others. Failure to adhere to Museum policies will be cause for dismissal. In the event my child is photographed, filmed or recorded while participating in volunteer activities, The Museum of Flight may use the photo, film, or recording for publicity, promotional, or instructional purposes.

I understand that I will be notified as soon as possible in case of any emergency affecting my child or if my child is not well or is unable to function. I give permission for the personnel selected by the Museum to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transport necessary for that care.

Please note any of the medications listed below my child should NOT have:

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More →

In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or the emergency contacts: I hereby give permission to the medical provider selected by the Volunteer Coordinator, Security Supervisor, or Director of Education Programs to secure and administer treatment, including hospitalization, for the child named above, and agree to have the Volunteer Coordinator, Security Supervisor, or Director of Education Programs arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.

I understand the above statements and certify that this form has been completed to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: *(please print)* \_\_\_\_\_

**Once completed, please submit this form via:**

- **Email:** volunteers@museumofflight.org
- **Fax:** 206.764.5707
- **Mail:** The Museum of Flight, Attn: Volunteer Services, 9404 East Marginal Way South, Seattle, Washington 98108

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**Questions?**

If you have questions about this application or volunteering at the Museum, please contact:

**Volunteer Services**

Direct: 206.768.7179

Email: volunteers@museumofflight.org

**Office Use Only**

Department: \_\_\_\_\_ Assignment: \_\_\_\_\_