



Adult Volunteer Application

Please print clearly and provide ALL information.

Once completed, please email this form to volunteers@museumofflight.org.

Volunteer Information

Today's Date: _____ Email: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Occupation: _____ Employer: _____

If Boeing employee, please provide: Mail Stop: _____ Preferred Mailing Address: Home Boeing Shift: 1 2 3

Emergency Contact

First Name: _____ Last Name: _____

Relation: _____ Phone: _____

Education *Please check all boxes that apply. Note completed education only.*

High School/GED Graduate Degree: _____

Current College Student Trade School: _____

Undergraduate Degree: _____ Specialized Certificate(s): _____

Employment History *Please list your work experience.*

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Volunteer History *Please list your volunteer experience.*

Organization: _____ Position: _____ Dates: _____

Organization: _____ Position: _____ Dates: _____

Organization: _____ Position: _____ Dates: _____

References

Please use the Reference Questionnaire to provide two references, one professional and one friend/relative. If applying to volunteer in the Education Department, please provide one reference from a children's organization.

General Background

Please briefly detail any aviation, military or previous career experience. *If you have a resume, attach it to this application.*

Why are you interested in volunteering at The Museum of Flight?

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 references must be provided and a background check with City Investigations Corporate Security will be conducted.

Volunteers must have no convictions for crimes of a sexual nature, for crimes against a child, or for crimes of violence. If disclosed in advance, the standard may be waived by The Museum of Flight Volunteer Office for misdemeanor charges under special circumstances.

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.

Signature: _____ Date: _____

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

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: _____ Restoration: _____