



# Adult Volunteer Application

Please print clearly and provide ALL information.

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

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

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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 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](mailto:Volunteers@museumofflight.org)
- **Fax:** 206.764.5707
- **Mail:** The Museum of Flight, Attn: Volunteer Services, 9404 East Marginal Way South, Seattle, Washington 98108

Once your application is received, your skills and schedule will be matched with our current volunteer opportunities. You will be contacted within 30-days to schedule an interview. If a position is full, your application will be kept on file for up to six-months and you will be contacted when we have an opening in your area of interest.

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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](mailto:Volunteers@museumofflight.org)

### Office Use Only

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