



Youth Volunteer Application

Please print clearly and provide ALL information.

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

Are you age 15 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: _____

Email: _____

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: _____

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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 15)*

A Gallery Ambassador is a volunteer mixture position between concierge and security guard. The Museum places Ambassadors at the Lobby entrances and in the Charles Simonyi Space 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 15.*

☐ **Pavilion Ambassador** *(Minimum age is 15)*

Pavilion Ambassadors rotate among Air Force One, the Concorde, the 747 and the 787 to provide customer service by answering questions about exhibits 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.*

☐ **ACE Volunteer**

High School Students (Rising 10th to Rising 11th grade) interested in volunteering for the Aerospace Camp Experience (ACE) during the summer may begin registration mid-April for placement in that summer's program.

References

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

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: _____

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:

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 Program Manager, 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 Program Manager, 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:

- **Scan & Email to:** 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.

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: _____