



# Volunteer Application

- Please attach additional sheets if needed
- To submit, fax to 360.733.4423 or mail to 4165 Mitchell Way, Bellingham, WA 98226

Name		
Street Address		
City/State/Zip		
Phone	Email	
Current or former Occupation		
Current Employer	Retired	Not Currently Working
Emergency Contact	Phone	
Relationship		
Please indicate any physical or health limitations including allergies:		
Please indicate your area of interest (some descriptions available):		
<input type="checkbox"/> Special Event Committee	<input type="checkbox"/> Collections/Displays	<input type="checkbox"/> Grant Writer/Fundraising
<input type="checkbox"/> Docent/Tour Guide	<input type="checkbox"/> Public Relations/Marketing	<input type="checkbox"/> Event Staff
<input type="checkbox"/> Greeter/Open hours	<input type="checkbox"/> Library Assistant	<input type="checkbox"/> Other: _____
Please list previous work experience as it relates to this position:		
Describe any previous or current volunteer experience:		
Please explain why you want to volunteer at the Heritage Flight Museum		
Describe any connection to the military (i.e. Are you a Veteran? Do you have relatives who were in the military? Grew up during WWII? Etc.)		

**Volunteer Application (page 2)**

Please check and describe skills, hobbies, interests, or special training:

Teaching (Age/Grade) \_\_\_\_\_

Tour Guide \_\_\_\_\_

Military/War History \_\_\_\_\_

Public Speaking \_\_\_\_\_

Research \_\_\_\_\_

Other \_\_\_\_\_

Please check the day(s) and write in the times that you are available:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please list two professional references:

1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail \_\_\_\_\_

\*If you've been convicted of a felony or misdemeanor after your 18th birthday please provide details on a separate sheet. List all convictions (including date and name of court) You are not required to list a record which has been expunged.

RELEASE OF LIABILITY: I, \_\_\_\_\_, having been chosen as a volunteer by the Heritage Flight Museum at my request, am authorized to enter upon and be upon Museum premises for the general purpose of volunteering for assigned duties. In consideration of this selection, I hereby release and hold harmless the Heritage Flight Museum and its officers, directors, employees, and agents from any and all liability for damage and injury to me or my property as a result of my volunteer activities. I accept full responsibility for any and all such damage or injury which may result. **I UNDERSTAND THAT I VOLUNTEER ON MY PERSONAL TIME FOR WHICH THERE WILL BE NO REMUNERATION.**

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

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

(For Office Use Only)

Comments:

Interview:

Orientation:

Placement: