

2022



# KAM Volunteer Application

Legal Name (first, middle initial, last) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Required for Background Check

**Availability**

\_\_\_\_ Weekday Mornings      \_\_\_\_ Weekend Mornings      \_\_\_\_ Special Events Only

\_\_\_\_ Weekday Afternoons      \_\_\_\_ Weekend Afternoons

\_\_\_\_ Weekday Evenings      \_\_\_\_ Weekend Evenings

**Interests and Skills**

\_\_\_\_ Aircraft Maintenance/Ramp    \_\_\_\_ Aircraft Restoration    \_\_\_\_ Archive    \_\_\_\_ B-52 Restoration Crew

\_\_\_\_ Boy/Girl Scouts    \_\_\_\_ Building Maintenance    \_\_\_\_ Education    \_\_\_\_ Educational Events    \_\_\_\_ Gift Shop

\_\_\_\_ KAM Special Events    \_\_\_\_ Office    \_\_\_\_ Tour Guide    \_\_\_\_ Venue Rental Events    \_\_\_\_ Yard/Landscape

\_\_\_\_ Other \_\_\_\_\_

Permission to Share Contact Information with other KAM Volunteers \_\_\_\_ YES    \_\_\_\_ NO

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities such as hobbies, sports, etc.

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## Person to Notify in Case of Emergency

Name (first, middle initial, last) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to Volunteer \_\_\_\_\_

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## Agreement and Signature

I authorize the Kansas Aviation Museum, Inc. ("Museum") to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or any other state of the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions from crimes committed upon children. I understand that such access is for the purpose of any application as a volunteer.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I am aware that acting as a volunteer does not make me an employee or contractor of the Museum.

If accepted as a volunteer, I understand and agree that (a) I will be evaluated for job performance and may be terminated for poor performance or inappropriate behavior according to Museum policies and procedures, and (b) that any accident on Museum property involving the volunteer is not covered under the Kansas Aviation Museum's insurance.

Name Printed \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.



3350 S. George Washington Blvd.  
Wichita, KS 67210  
(316) 683-9242  
[www.kansasavitionmuseum.org](http://www.kansasavitionmuseum.org)