

2023 KAM Volunteer Application



Name (first, middle initial, last) _____
Street Address _____
City, State, Zip Code _____
Occupation/Employer _____
Home Phone _____ Cell Phone _____
E-Mail Address _____
Date of Birth _____ **NOTE: If UNDER 15 years of age, parent must be present to volunteer.**
Permission to Share Contact Information with other KAM Volunteers _____ YES _____ NO

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 _____

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

Person to Notify in Case of Emergency

Name (first, middle initial, last) _____
Street Address _____
City, State, Zip Code _____
Home Phone _____ Cell Phone _____
E-Mail Address _____

Agreement and Signature

I authorize the Kansas Aviation Museum, Inc. ("Museum") to perform a background check (***Minors' not included***), receiving information from any law-enforcement agency 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 the facts set forth within are true and complete. I understand if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me may result in 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 liability for death and/or any and all injuries that may occur to volunteer or their property in areas that are not open to the public; all claims, rights, and causes of action accruing in volunteer's favor as a result of personal injuries or loss of life while volunteer is participating in volunteer work; and any suit or action at law instituted by volunteer or by others on volunteer's behalf with respect to any such claim, right or cause of action is not covered under the Insurance of the Museum or their Operating Partnership Agreement between the City of Wichita and the Museum.

(Note: The above waiver must be signed annually by each Volunteer.)

Name Printed _____ Date _____

Volunteer Signature _____

Parent Signature (***Under 18 years ONLY***) _____

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.



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www.kansasaviationmuseum.org