

Kansas Aviation Museum

Volunteer Application



Name _____

Street Address _____

City, State, Zip code _____

Occupation/Employer _____

Home/Cell Phone _____

Email _____

Date of Birth _____ **NOTE: if UNDER 15 years pf 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 Archives Gift Shop

B-52 Restoration Crew Building Maintenance Education/Educational Events

Special Events Docent/Tour Guide Venue Rental Help Office

Landscaping/Yard 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 _____
Street Address _____
City, State, Zip code _____
Occupation/Employer _____
Home/Cell Phone _____
Email _____

Agreement and Signature

I authorize 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 the 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 a 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 that (B) 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.

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.



3350 S. George Washington Blvd. | Wichita, KS 67210

316-683-9242