

# **HERITAGE FLIGHT MUSEUM**

## **VOLUNTEER CANDIDATE APPLICATION PACKET**

To: Volunteer Candidate

We, at Heritage Flight Museum, thank you for your interest and desire to become a volunteer. One phase of the application process is to secure a background check on each volunteer candidate as required by the State of Washington. Please complete the attached AUTHORIZATION FOR BACKGROUND INQUIRY along with the other application forms. Return the entire packet to the Museum, by mail or in person.

Once you have cleared the background check and your application forms have been received, we will schedule you for an interview to talk about the Museum's volunteer opportunities and your own interests.

All information provided in the Authorization for Background Inquiry and the Volunteer Application Form shall be kept confidential with HFM.

Thank you again for your interest in the Heritage Flight Museum. We look forward to your response.

If you would like to become a member of HFM ask the Coordinator for a Membership form and return via USPS, Drop off, email or you can go to PayPal to purchase a membership. You will receive your Membership Card after processing.

Mark Carpenter  
Volunteer Coordinator  
Heritage Flight Museum  
360-424-5151 ext. 106  
Volunteer@heritageflight.org

# **Applicant Disclosure and Authorization for Background Inquiry**

## **CONFIDENTIAL IMPORTANT APPLICANT INFORMATION:**

You are applying for appointment to a position which has directly interactions with children or persons with developmental disabilities. RCW 43.43 requires each applicant to sign a disclosure statement, under penalty of perjury, relating to certain civil adjudications, conviction records, and disciplinary board final decisions. In addition, inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement or background inquiries will not necessarily preclude appointment to the position applied for, but will be considered in determining your character, suitability, and competence.

If you wish to be considered, you must complete and sign the attached *Authorization for Background Inquiry and Applicant Disclosure* forms. **Failure to complete and sign these forms will disqualify you from further consideration.**

Upon your request, you will be notified of the Museum's response to a background inquiry made to a federal or state law enforcement agency, and a copy of that response will be made available to you.

# AUTHORIZATION FOR BACKGROUND INQUIRY

I hereby authorize the Heritage Flight Museum to request information relating to my background. I understand such inquiries may be to federal and/or state law enforcement agencies, that I will be notified of each agency's response, and that a copy of each response will be made available to me, upon my request.

I attest under penalty of perjury that the information I have provided on the *Disclosure Statement* is true and accurate to the best of my knowledge.

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Legal Signature of Applicant

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Date

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Printed Full Name of Applicant

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Date of Birth

Applicant's Legal Address:

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Street

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City, State and Zip



# Volunteer Application

- Please attach additional sheets if needed
- To submit, scan and email to [volunteer@heritageflight.org](mailto:volunteer@heritageflight.org),
- Or mail to 15053 Crosswind Drive, Burlington, WA 98233

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"/> Grant Writer/Fundraising	<input type="checkbox"/> Docent/Tour Guide
<input type="checkbox"/> Event Staff	<input type="checkbox"/> Greeter/Open hours	<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: \_\_\_\_\_

# ***HERITAGE FLIGHT MUSEUM***

## **Supplement to HFM Volunteer Application Form**

1. From the "area of interest" on the volunteer application form, please prioritize your desired areas of interest by numbering them, starting with one being the most desired.

- Docent/Tour Guide \_\_\_\_\_
- Greeter/Front Desk \_\_\_\_\_
- Special Event Committee \_\_\_\_\_
- Event Staff \_\_\_\_\_
- Newsletters \_\_\_\_\_
- Grant Writing/Fundraising \_\_\_\_\_
- Other \_\_\_\_\_ Explain \_\_\_\_\_

2. Please note your preference of volunteer days:

- \_\_\_\_\_ More than once a week
- \_\_\_\_\_ Once a week
- \_\_\_\_\_ Bi-weekly
- \_\_\_\_\_ Monthly

3. Please note the days and times that you would be available for volunteer per normal museum open hours or when open by appointment:

Sunday: \_\_\_\_\_ to \_\_\_\_\_      Thursday: \_\_\_\_\_ to \_\_\_\_\_  
Monday: \_\_\_\_\_ to \_\_\_\_\_      Friday: \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: \_\_\_\_\_ to \_\_\_\_\_      Saturday: \_\_\_\_\_ to \_\_\_\_\_  
Wed: \_\_\_\_\_ to \_\_\_\_\_

4. Please note any preference of other volunteers that you may know and wish to partner up with during the normal open hours.

5. Do you wish to volunteer on the scheduled fly days? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, in what capacity?

6. Do you have any special expertise you wish to offer to HFM as a volunteer? If so, please note

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## VOLUNTEER AGREEMENT

Of my own free will, I agree to be a volunteer at the Heritage Flight Museum. I am volunteering to perform under the direction and supervision of the Heritage Flight Museum staff under the following terms:

### ASSUMPTION OF RISK

I understand that the Heritage Flight Museum does not provide any form of accident, health or medical insurance or liability insurance, and that I agree to perform this volunteer function solely at my own risk. If I feel that I require any form of insurance coverage for anything arising from this volunteer function, I will make all necessary arrangements at my own cost and based on my own personal needs as I decide those needs to be relevant. I understand that I may refuse to participate in any activity or perform any task, particularly if I consider that it may be dangerous or unsafe. I will only perform tasks which I am physically and medically capable of doing. By accepting a task, I represent that I am physically and medically qualified to accomplish that task.

### WAIVER OF CLAIM

I fully and absolutely waive all rights to claim, and release the Heritage Flight Museum of liability, for any and all forms of bodily injury, sickness or disease, including death, loss of or damage to my person or property, and all other claims resulting from any act or neglect of any person, suffered by me while participating as a volunteer for the Heritage Flight Museum. This waiver of rights to claim includes my estate, heirs and assigns. This waiver includes any claims resulting from medical conditions which I may or may not have disclosed to the Heritage Flight Museum.

### INDEMNITY

I further agree to indemnify the Heritage Flight Museum, its directors, officers, employees, executors, administrators, successors or assigns from any claims and demands which may be made against the Heritage Flight Museum arising out of or in consequence of my participation as a volunteer for the Heritage Flight Museum.

### POLICY & 'AT WILL' AGREEMENT

I acknowledge that I have been provided with, written or verbal, the policies of the Heritage Flight Museum and by signing this document, I am agreeing to follow those policies. Furthermore, I understand that by not following those policies, the Heritage Flight Museum may exercise their right to terminate its relationship (volunteer or otherwise) with me.

I acknowledge that volunteer opportunities are offered on an "at will" basis, and thus operate under the provision that volunteers have the right to resign their position at any time, with or without notice, and with or without cause. The Heritage Flight Museum similarly reserves the right to terminate the volunteer relationship at any time, with or without notice, and with or without cause.

### BACKGROUND CHECK

I acknowledge the Heritage Flight Museum may request information relating to my background. I understand such inquiries may be to federal and/or state law enforcement agencies, and the results of such inquiries may be used to determine my suitability for the Heritage Flight Museum.

### ACKNOWLEDGMENT OF VOLUNTEER

I acknowledge that I have read and understand the above and that by signing this document, I am waiving certain legal rights, including the right for myself or my heirs to seek damages resulting from my voluntary participation in activities at the Heritage Flight Museum.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Volunteer (Print)

\_\_\_\_\_  
Name of Witness (Print)

\_\_\_\_\_  
Date