



## VOLUNTEER APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation (even if retired) \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**Please indicate the type of volunteer work you are interested in: If choosing more than one, PLEASE indicate order of preference 1-4. (1 being most preferred)**

- Docent Activity: preference priority \_\_\_\_\_**
- Aircraft Displays, Restoration, Maintenance, Security. preference priority \_\_\_\_\_**
- Indoor Artifacts and Exhibits, construction, maintenance; preference priority \_\_\_\_\_**
- Facilities/Ground Maintenance; preference priority \_\_\_\_\_**

Docent Activity is primarily Thursday through Sunday, with few exceptions for arranged visitations on other days. Aircraft and Facility Volunteers efforts can be scheduled any day of the week by their respective Coordinators but tend to work outside of Museum Operating hours.

**MINIMUM COMMITMENT: If accepted as a volunteer, I agree to contribute a minimum of 10 hours per month or 120 hours per year (if applying as docent, shifts are 5 hours per day) I understand that if I do not contribute at least 120 hours per year, I may be removed from Volunteer Status.**

Please indicate the number of volunteer hours/days that you would tentatively be willing to contribute to the museum: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

I, the undersigned, understand and agree that submitting this application does not automatically register me as a Chico Air Museum volunteer, and that there are certain qualifications that I must meet, including a brief background check, class attendance, and acceptance of volunteer policies and procedures.

By submitting this form, I attest that the information I have provided on this form is true and accurate. Any person who gives false information will be subject to immediate dismissal from the volunteer program. I understand the Chico Air Museum offers Unpaid Volunteer positions only.

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

Note: The information contained on this form will be kept in confidence. The Chico Air Museum does not disclose personal information of its volunteers, including phone numbers and addresses.

**Please return this completed form to:**

**Chico Air Museum  
165 Ryan Avenue  
Chico, CA 95973  
e-mail: chicoairmuseum@gmail.com**