



Volunteer Application and Information Form

Please type your information on the application & waiver below, print out, sign, then mail (or deliver in person) to:
 Volunteer Coordinator, Planes of Fame Air Museum, 14998 Cal Aero Drive, Chino, CA 91710-9056

Application Date: _____

Personal Information

First Name	Last Name		
Street Address	General Contact Phone Numbers Primary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Secondary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Tertiary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>		
City, State, Zip Code			
Email Address			
Date of Birth (<i>only required if under 18</i>)			

Volunteer Information

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked/volunteered for Planes of Fame? Year last volunteered:	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been a volunteer for another organization? If yes, which one(s):	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
What is your round trip travel time to Planes of Fame in minutes:			Planes of Fame Air Museum Membership:					
What is your one way travel distance to Planes of Fame in miles:			<input type="checkbox"/> - None/Expired <input type="checkbox"/> - Individual <input type="checkbox"/> - Family <input type="checkbox"/> - Other					
T-shirt Size (Adult)	SML	MED	LRG	XL	2XL	3XL	4XL	Other
Area(s) of Interest as a volunteer <input type="checkbox"/> - Museum Guide <input type="checkbox"/> - Tour Guide <input type="checkbox"/> - Education Guide <input type="checkbox"/> - Youth Programs Guide <input type="checkbox"/> - Library <input type="checkbox"/> - Aircraft Detailer <input type="checkbox"/> - Restoration (<i>usually requires experience and/or A&P license</i>) Summary of related skill/experience: _____								
Questions? Contact: Volunteercoordinator@planesoffame.org								

EMERGENCY CONTACT (*May be completed at Orientation*)

Full Name: _____ Relationship: _____
 Home Ph: _____ Work Ph: _____ Mobile Ph: _____

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This section is to be completed by Planes of Fame Volunteer Coordinator/Lead Staff only

Completed New Vol. Orientation Date: _____ Completed Annual Refresher Date: _____

CONTINUE TO NEXT PAGE TO COMPLETE THIS APPLICATION FORM



AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER, INDEMNITY AND RELEASE OF CLAIMS

In consideration of Planes of Fame Air Museum granting me permission to participate in Planes of Fame Air Museum related activities, I acknowledge that there are certain risks of injury to persons and damage to property inherent in the nature of such activities and I agree to assume such risks.

I agree that Planes of Fame Air Museum, its officers, employees, members, and volunteers shall not be responsible or liable for any bodily or other personal injury, damage, loss or expense either to me or my property incurred while I am exercising the above permission or am engaged in activities related thereto.

I hereby release, forever discharge and waive all rights of recovery from Planes of Fame Air Museum, its officers, employees, members, and volunteers from any and all claims, including Workers' Compensation or Employer's Liability claims, rights of subrogation, demands, causes of action, damages, costs, losses of services and obligations, including attorney's fees, which I may have against Planes of Fame Air Museum, whether known or unknown, which result from or are in any way related to my participation in Planes of Fame Air Museum activities.

I further agree to indemnify and hold harmless Planes of Fame Air Museum, its officers, employees, members, and volunteers from all loss or liability that may arise from my negligence or misconduct while participating in Planes of Fame Air Museum activities.

I hereby represent that; I have carefully read this document, I understand its content and I sign it of my own free will, I agree to abide by all safety regulations.

If signing digitally, I hereby acknowledge that my signature holds the same legal bearing as my handwritten signature.

Signed: _____ Date: _____

Printed Name: _____

If participant is under 18 years old, parent/guardian must also sign below:

Signed: _____ Date: _____

Printed Name: _____

Your application will be reviewed and you will receive an acknowledgement by email.