



Hiller Aviation Museum Teen Volunteer Application

Complete all pages of application and return it with at least **one letter of recommendation** from a previous employer, scout leader, teacher, or other adult who is familiar with your performance. Applicants who have worked a previous summer do not have to provide a new letter of recommendation.

Name _____

Street address _____

City, State, Zip Code _____

Phone (Home) _____ (Cell) _____

E-mail _____

Date of birth _____ (Must be between 14 and 17 years old on September 1, 2011)

Parent/Guardian 1 _____

Parent/Guardian 1 e-mail _____

Parent Guardian 1 Phone (Home) _____ (Work) _____ (Cell) _____

Parent/Guardian 2 _____

Parent/Guardian 2 e-mail _____

Parent Guardian 2 Phone (Home) _____ (Work) _____ (Cell) _____

How did you learn about the Hiller Aviation Museum Teen Volunteer program?

I. Describe your previous and current work and volunteer experience (Work can include babysitting, yard work, helping in family business, etc.)

II. List your extracurricular activities, including hobbies

III. Describe your experience, education or interest in the following areas:

Working with children

Science, technology or aviation

Summer camps

IV. How do other people describe you?

V. Why do you want to be an Aviation Camp Volunteer?

The minimum commitment is one half day shift on one Saturday per month during the school year. Additional availability is greatly appreciated.

AM Shift	8:30 AM to 12:30 PM
PM Shift	12:30 PM to 4:30 PM

How many Saturdays are you available to work each month? _____

PLEASE READ THE FOLLOWING AGREEMENT AND SIGN BELOW

I understand that if I am accepted as an Teen Volunteer I must:

- Attend the training session on a weekday afternoon prior to beginning work.
- Volunteer for at least one Saturday per month during the school year.
- Always arrive promptly for my assigned volunteer duty.
- Treat camp participants and museum staff, volunteers, and visitors with courtesy and respect at all times.

I understand that if I do not fulfill the requirements of the position of Teen Volunteer, I may be asked to leave the program.

Applicant signature _____ Date _____

FOR PARENT OR GUARDIAN

I will help my teen to participate fully in this program by supporting and facilitating him/her in the fulfillment of his/her responsibilities. I understand that if my teen does not fulfill the requirements of the Teen Volunteer program he/she may be asked to leave the program.

Parent/Guardian Signature _____ Date _____

RELEASE

Date _____ I, (signature) _____ / (print name) _____,

parent of _____ fully and unconditionally release the Hiller Aviation Museum, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Hiller Aviation Museum activities. I further acknowledge and agree that photos or video taken during any program or activity may be used by the Museum for publicity or promotions and that no compensation will be provided for such use.

Mail completed application and recommendation to:

Hiller Aviation Museum Teen Volunteer
Hiller Aviation Museum
601 Skyway Road
San Carlos, CA 94070

or Fax to: (650) 654-0220

Questions? (650) 654-0200 ext. 222