

HILLER AVIATION MUSEUM

Where Inspiration Takes Flight

Flight Teen Volunteer Application

Please complete all pages of application and return it, either by mail to 601 Skyway Rd. San Carlos, CA 94070 or by email to jen@hiller.org

Name Street address				
Address (City, State, Z	ip):			
Phone (Home, w/Area Phone (Cell, w/Area C	,			
Date of Birth: (Must be at least 14 years of age to		mail: ht Teen Program)		
School:	Current Grade	Shirt Size:		
Parent/Guardian 1				
Name:		Phone (Day, w/Area Code): Email:		
Parent/Guardian 2				
Name:		Phone (Day, w/Area Code): Email:		
How did you learn abo	ut the Hiller Avi	ation Museum Aviation Camp Teen Volunteer program?		
I. Describe your previous work, helping in family		work and volunteer experience (Work can include babysitting, yard		

II. List your extracurricular activities, including hobbies
III. Describe your experience, education or interest in the following areas:
Working with children and adults
Science, technology or aviation
IV. How would you describe yourself?
V. Why do you want to be a Flight Teen Volunteer?
v. why do you want to be a Pright Teen volumeer:

The minimum commitment is for 1, three hour shift, twice a month.						
	AM Shift PM Shift	10:00 AM to 1:00 PM 1:00 PM to 4:00 PM				
Please select the shifts that 1st and 3rd Sa 1st and 3rd Sa 2nd and 4th S 2nd and 4th S	aturday unday aturday	. AM	☐ PM ☐ PM ☐ PM ☐ PM			

Volunteers must attend any mandatory training sessions or meetings as required by the museum. Please note that you may be required to work a 5th Saturday or Sunday shift when such occurs during the calendar year.

PLEASE READ THE FOLLOWING AGREEMENT AND SIGN BELOW

I understand that if I am accepted as a Flight Teen Volunteer I must:

- Always arrive promptly for my assigned volunteer shift.
- Treat the public, museum staff, and other volunteers with courtesy and respect at all times.
- Be able to commit to 2 regularly scheduled, 3 hour shifts, twice a month, on either Saturday or Sunday.
- Understand that in the event of my absence I notify the volunteer office as soon as possible.
- Attend any mandatory trainings and / or meetings required by the museum.

I understand that if I do not fulfill the requirements of the position of Flight 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 Flight Teen Volunteer program he/she may be asked to leave the program. Parent/Guardian Signature Date RELEASE Date ______ I, (signature) ______ / (print name) ______, 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 to:

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

or Fax to: (650) 654-0220 or Email to jen@hiller.org

Questions? (650) 654-0200 ext. 219