



NATIONAL AIR FORCE MUSEUM OF CANADA
MUSÉE NATIONAL DE LA FORCE AÉRIENNE DU CANADA

Volunteer Application Form

Last name: _____ First name: _____

Address: _____
Number & PO Box if applicable Street City/Town Province Postal Code

Telephone: HM:(____) _____ CELL (____) _____

E-mail Address: _____

Date of birth: ____/____/____ Name of school (if applicable): _____
mm dd yy

Emergency Contact: _____ Phone: (____) _____

Languages: English spoken written read Other: _____
French spoken written read spoken written read

How did you learn of our volunteer program? _____

What is your previous volunteer/subject experience? _____

What are your areas of interest? Interacting with the public Working behind the scenes
(please check as applicable)

Visitor Experience Host	Gift shop	Education	Restoration	(Grounds) Maintenance	Curatorial
Admission Desk	Simulator	Herc tours			

Availability (please check as applicable):

Please note:

	MON	TUE	WED	THU	FRI	SAT	SUN
morning							
afternoon							

Gift shop, Adm. Desk and Tour Guides work in two shifts, 10:00-13:30 and 13:30-17:00

Restoration shop is open from 7:00-15:00 Monday to Friday.

AGREEMENT OF COMMITMENT:

Screening process – By accepting a volunteer position, I agree to request at my own expense a vulnerable sector search on my name. I understand that in this process I may also be subjected to fingerprinting.

Responsibilities – I agree to attend orientation and training as necessary; to work a specified number of hours each month; and to maintain regular contact with the NAFMC's volunteer department. I hereby undertake and agree to act in a responsible and safe manner at all times while performing duties as a NAFMC volunteer.

Copyright – I agree that the copyright of anything developed in the course of my assignment (including but not limited to any exhibits, education or computer programs, or dramatic presentations) belongs to the NAFMC; and further agree to waive any moral right in whole or in part associated with these exhibits, education or computer programs, or dramatic presentations.

Termination – The NAFMC reserves the right to terminate this commitment at any time for reasons it considers or deems appropriate. This is an agreement for a performance of a service to the NAFMC without financial compensation to the volunteer, and the volunteer is not engaged under this agreement as an employee, servant or agent of the NAFMC.

Signature – I acknowledge that I have read and understood the above.

Today's date _____

Signature (if applicant is under age 18, parent or legal guardian)

Start Date to volunteer