



WINGS OVER THE ROCKIES AIR & SPACE MUSEUM

**7711 E. Academy Blvd, Denver, Colorado 80230 → Phone 303-360-5360, ext. 111 → Fax 303-360-5328
volunteer@wingsmuseum.org → www.wingsmuseum.org**

Volunteer Application

Please complete all areas of this form in black ink and print clearly.

Name (last, first, M.I.) _____ Today's date _____
Day Phone _____ Cell Phone _____
E-mail _____ Date of Birth _____
Address _____ City _____ Zip _____
Retired _____ Days/Hours Available _____
Where have you volunteered prior to Wings Museum _____

In which areas of the Museum would you be interested in working? Check ✓ all that apply:

Collections

Receipt, cataloging, storage, care and display of items donated to the Museum, including restoration and maintenance of artifacts:

- Artifacts (clothing, equipment, etc.)
- Library/Archives
- Exhibits

Visitor Services

People-oriented positions with extensive public contact. An ability to work with all types of people is a must:

- Welcome Center
- Public Relations & Marketing
- Special Events
- Museum Store
- Education/Museum Tours

Facilities

Hands-on jobs requiring some level of basic maintenance skill:

- Museum Operations
- Building Maintenance
- Restorations
- HAM Radio

Why are you interested in volunteering at Wings Over the Rockies? _____

What skills/experiences/background do you possess that would be particularly useful to the Museum? _____

Military experience _____

Any health concerns we should know about? _____

Emergency Contact: Name _____ Phone Number _____

Liability Release and Waiver Form

I, the undersigned, understand that I assume all responsibility for my own safety while a volunteer for Wings Over the Rockies Air & Space Museum, and that I am not covered by the Museum's accident, auto or worker's compensation insurance. I must provide my own insurance coverage.

Further, I understand that should I become involved in an accident while voluntarily driving my own vehicle on behalf of Museum business, I would need to consult with my own auto insurance carrier.

Further, I agree to waive any liability against the Museum, its members, officers, staff and directors for any injury or damage to personal property that occurs to me or my personal property while volunteering at the Museum or conducting business on its behalf.

I have read and agree to the conditions stated above.

Name (Please Print)

Signature

Date

Parent/Guardian Signature
(Required for volunteers under 18 years of age)