



Discovery Ambassadors Program Application

Thank you for your interest in the youth volunteer program at Evergreen Aviation & Space Museum. Please fill out all pages of this application in as much detail as possible.

Please print in ink or type

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Parent/Guardian's Name _____ Daytime Telephone _____

Birth date _____ Adult Shirt Size _____ (XS, S, M, L, XL)

School _____ Grade Level _____

In Case of an Emergency Notify:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Do you have any allergies or health conditions we should know about? _____

How did you hear about the Discovery Ambassadors Program?

Are you doing community service hours for your school? _____

If yes, how many hours? _____ What date are your hours due by? _____

Availability

Please indicate which days and hours you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
Until							

Why would you like to volunteer in the Discovery Ambassadors Program?

Please list any previous volunteer experience.

Please list your talents, skills, and hobbies.

References

Please submit one recommendation form that is completed by the individual listed below. This recommendation can be from any adult who is not related to you, preferably a teacher, coach, or other person who knows you well. If applicable, please include a former employer or coworker.

Name	Relationship	Address	Daytime Phone

Photo Release: _____ **(Initial)** I hereby authorize the Evergreen Aviation Museum to film or photograph my child as a participant of a museum program for publicity and educational purposes. I understand that no compensation will be provided.

Please read the following carefully before signing this application:

Application Consent

I authorize Evergreen Aviation & Space Museum to verify the information contained on my application and all information will be considered confidential to the fullest extent allowed by law. I certify that the facts in this application are true, correct, and complete to the best of my knowledge.

Upon acceptance to the Discovery Ambassadors Program, volunteers must attend an orientation before they begin volunteering. If after any incident of not reporting to your scheduled volunteer time without proper notification, not volunteering for at least ten hours a month, not following supervisors' directions, or not meeting supervisors' expectations, the volunteer may be asked to vacate their position. The Education Department reserves the right to dismiss any volunteer after issues of misconduct or when given other reasonable cause.

Applicant Signature

Date

Parent/Guardian Consent and Release

As the parent/guardian I am aware that _____ (name of applicant) is applying to become a volunteer at Evergreen Aviation & Space Museum and I give my permission for their participation in the Discovery Ambassadors program and any other volunteer and educational activities offered by the Evergreen Aviation & Space Museum, the Captain Michael King Smith Educational Institute. I also give my permission for my son/daughter's photography to be used in future Museum publications including newspaper, magazine articles and newsletters.

I further agree to release, defend, and indemnify and hold harmless the Evergreen Aviation & Space Museum, the Captain Michael King Smith Educational Institute and/or Evergreen International Aviation Inc., their directors, officers, employees, volunteers, and agents from and against any and all liabilities injuries, losses, damages, costs, and expenses arising out of or in any way connected with the volunteers' activities and duties with Evergreen Aviation & Space Museum, the Captain Michael King Smith Educational Institute without limitation any property damage, bodily injury, sickness or death sustained by any person however caused, excepting only such property, bodily injury, sickness, or death caused by gross negligence and willful misconduct of the Evergreen Aviation & Space Museum.

_____ Date _____
Parent/Guardian Signature (If applicant is under 18)

Any questions may be directed to:
Katie Lee
Education Coordinator
503.434.4469
kathryn.lee@sprucegoose.org

Please return this completed application and recommendation form to:

Evergreen Aviation & Space Museum
Attn: Education Department
500 NE Captain Michael King Smith Way
McMinnville, OR 97128



Recommendation Form

Name of Discovery Ambassadors Applicant _____

Reference Completed by _____
Address _____
Phone _____

Please complete the following questions in as much detail as needed. Feel free to use an additional sheet of paper if necessary.

1. How long have you known the applicant, and in what capacity?

2. This volunteer position requires a great deal of contact with the public. How would you rate the applicant's communication skills?

1 2 3 4 5
Poor Fair Good Great Excellent

3. Describe how well the applicant matches this program's emphasis on sharing knowledge and participating in extra curricular activities. Give examples if possible.

4. How well does the applicant work with others in his or her own age group? Give examples if possible.

5. How would you rate his/her ability to get along with supervisors/teachers?

1 2 3 4 5
Poor Fair Good Great Excellent

6. How would you rate his/her attendance record & punctuality?

1 2 3 4 5
Poor Fair Good Great Excellent

7. What do you consider his/her strengths to be?

8. If this applicant were selected, how might we best help him/her grow? This might include personal skills and job skills, as well as science and teaching skills.

9. Do you have any reservations about the applicant in terms of his/her attitude or honesty?

10. Please feel free to share any additional comments about the applicant.

Signature_____ Date_____

Please return this completed form to the applicant or mail to:

Evergreen Aviation & Space Museum
Attn: Katie Lee
500 NE Captain Michael King Smith Way
McMinnville, OR 97128