



Shearwater Aviation Museum, 34 Bonaventure St., PO Box 99000 Stn Forces Halifax NS B3K 5X5  
902-720-1083; office@shearwateraviationmuseum.ns.ca

## Shearwater Aviation Museum Volunteer Application Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ male ☐ female ☐

Address: \_\_\_\_\_  
Number Street City/Town Province Postal Code

Telephone: (\_\_\_\_) \_\_\_\_\_ 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)

Tour guide	Gift shop	Education	Aircraft Restoration & Maintenance	Workshop/ Exhibit Production	Curatorial
Library/Archive	Marketing/PR/ Special Events	Admission Desk			

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, 10:00-13:00 and 13:00-17:00

### AGREEMENT OF COMMITMENT:

**Screening process** – By completing a required form, I agree to request a vulnerable sector search on my name for volunteering with the Shearwater Aviation Museum of Canada (SAM).

**Responsibilities** – I agree to attend orientation and training as necessary; to work as scheduled each month, absences will be communicated with SAM staff; and to maintain regular contact with the SAM staff. I hereby undertake and agree to act in a responsible and safe manner at all times while performing duties as a SAM volunteer.

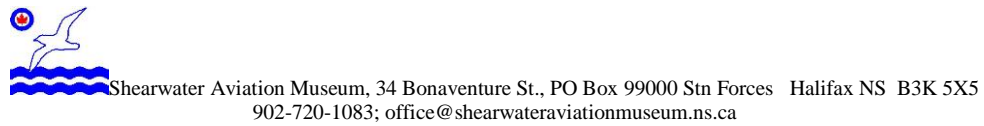
**Copyright** – I agree that the copyright of anything developed in the course of my assignment (including any exhibits, education or computer programs, or dramatic presentations) belongs to the SAM; and further agree to waive any moral right in whole associated with the exhibits, education or computer programs, or dramatic presentations.


**Insurance** – Volunteers are covered through the Non-public fund Consolidated Insurance Plan.

**Termination** – The SAM 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 SAM without financial compensation to the volunteer, and the volunteer is not engaged under this agreement as an employee, servant or agent of the SAM.

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

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



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## Today's Date

### Start Date to Volunteer

### SKILLS:

The museum seeks volunteers with specific and varied skills. Please list any skills that you think would be of benefit to the museum:

[illegible]

Previous Experience with other non-profit organizations? Yes ☐ No ☐

If yes, please provide information on which organizations, length of time, type of work done and any training received.

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