



## MUSEUM VOLUNTEER PACKET

Welcome, and thank you for choosing the Hill Aerospace Museum as the place to start your volunteer career. We have one of the largest volunteer staffs in Northern Utah, and we are always looking to add one more!

Inside this packet you will find all forms required by the Air Force to become a volunteer.

### LIST OF FORMS:

**AF FORM 3569:** Provides us some general information about you, your experiences, and highlights activities you may be interested in doing at the museum. Having this information will help us place you in a position where you and the museum will flourish!

**AF FORM 2583:** A local files background check required for all staff and volunteers.

**DD FORM 2793:** Indicates your understanding that you will not be paid for your services and will obey all rules.

**ETHICS STATEMENT:** Awareness and agreement of the rules governing personal conduct while serving at the museum.

If you have any questions about the forms and **once you are ready to submit** this package, **please contact** Volunteer Coordinator Phil Butler (801) 777-2468/801-664-2233

|   |  |  |               |  |                |   |                    |  |
|---|--|--|---------------|--|----------------|---|--------------------|--|
| <b>USAF HERITAGE PROGRAM (USAFHP) VOLUNTEER APPLICATION / REGISTRATION</b>  |  |  |               | DATE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |                | OMB No. 0701-0127<br>Expires: Sep 30, 2016  |                    |  |
| <p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0127), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.</p> |  |  |               |  |                |   |                    |  |
| <b>PRIVACY ACT STATEMENT</b>  |  |  |               |  |                |   |                    |  |
| <small>AUTHORITY: 10 U.S.C. Sec 1588, Authority to Accept Certain Voluntary Services; 10 U.S.C. Sec 8013, Secretary of the Air Force; 5 U.S.C. Sec 301, Gov't Organizations and Employees; DoDI 1100.21, Voluntary Service in the DoD; AFI 84-103, USAF Heritage Program.</small>   |  |  |               |  |                |   |                    |  |
| <small>PRINCIPAL PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAFHP activities and to retrieve information for future requirements.</small>   |  |  |               |  |                |   |                    |  |
| <small>ROUTINE USES: DoD Blanket Routine Uses Apply <a href="http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html">http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html</a></small>   |  |  |               |  |                |   |                    |  |
| <small>DISCLOSURE: VOLUNTARY, however, failure to provide the information requested could impede the effectiveness of placing you in the USAFHP volunteer program.</small>  |  |  |               |  |                |   |                    |  |
| NAME (Last, First, MI)  |  |  |               | HOME PHONE   |                | WORK PHONE                                  |                    |  |
| ADDRESS (Number & Street)   |  |  |               | CITY, STATE, ZIP CODE  |                |   |                    |  |
| EMAIL ADDRESS:  |  |  | DATE OF BIRTH |  | PLACE OF BIRTH |   | CITIZEN OF         |  |
| PERSON TO CONTACT IN CASE OF EMERGENCY:   |  |  | RELATIONSHIP  |  | TELEPHONE      |   | PREFERRED HOSPITAL |  |
| EMPLOYER  |  |  |               | OCCUPATION   |                |   |                    |  |
| <b>EMPLOYED</b>   |  |  |               |  |                | <b>RETIRED</b>                              |                    |  |
| <input type="checkbox"/> FULL TIME  |  | <input type="checkbox"/> PART TIME               |               | <input type="checkbox"/> TEMPORARILY   |                | <input type="checkbox"/> SEEKING EMPLOYMENT |                    |  |
| <input type="checkbox"/> FULLY  |  | <input type="checkbox"/> PARTIALLY               |               |  |                |   |                    |  |
| Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |               | Do you have military identification credentials and vehicle pass? <input type="checkbox"/> YES <input type="checkbox"/> NO     |                |   |                    |  |
| AVAILABILITY: Weekdays <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekend <input type="checkbox"/> PM <input type="checkbox"/> Work shifts per week: _____ Minimum hours per week: _____  |  |  |               |  |                |   |                    |  |
| SCHEDULING LIMITATIONS (Vacations, Seasonal Relocation, TDY's, etc.)  |  |  |               |  |                |   |                    |  |
| FOREIGN/SIGN LANGUAGE   |  |  |               |  |                |   |                    |  |
| <input type="checkbox"/> Read   |  |  |               |  |                |   |                    |  |
| <input type="checkbox"/> Write  |  |  |               |  |                |   |                    |  |
| <input type="checkbox"/> Speak  |  |  |               |  |                |   |                    |  |
| <b>WORK INTEREST AREAS</b>  |  |  |               |  |                |   |                    |  |
| Education   |  | Foundation                                       |               | Public Affairs   |                | Other (List)                                |                    |  |
| Tours/Guides  |  | Speakers Bureau                                  |               | Research   |                |   |                    |  |
| Restoration   |  | Collections                                      |               | Exhibits   |                |   |                    |  |
| Photography/Audiovisual   |  | Mailings   |               | Building Maintenance/Grounds   |                |   |                    |  |
| Office  |  | Computer   |               | Gift Shop  |                |   |                    |  |
| <b>HOW DID YOU LEARN ABOUT THE HERITAGE PROGRAM?</b>  |  |  |               |  |                |   |                    |  |
| <input type="checkbox"/> Visitor  |  | <input type="checkbox"/> Organizational Referral |               | <input type="checkbox"/> Personal Referral   |                | <input type="checkbox"/> Other (Specify):   |                    |  |

|  |                                      |                 |           |             |
|--|--------------------------------------|-----------------|-----------|-------------|
| EDUCATION  |                                      |                 |           |             |
| SPECIAL TRAINING   |                                      |                 |           |             |
| SPECIAL SKILLS / HOBBIES   |                                      |                 |           |             |
| CIVILIAN WORK HISTORY  |                                      |                 |           |             |
| <b>MILITARY SERVICE HISTORY</b>  |                                      |                 |           |             |
| BRANCH   | JOBS/ASSIGNMENTS/SERVICE SCHOOLS/PME | RANK            | YEARS/ERA | AIRCRAFT    |
|  |                                      |                 |           |             |
| <b>FEDERAL SERVICE HISTORY</b>   |                                      |                 |           |             |
| TYPE OF FEDERAL SERVICE  |                                      | NUMBER OR YEARS |           | RETIRED     |
|  |                                      |                 |           | YES (Year): |
| JOBS PERFORMED   |                                      | LOCATION        |           |             |
|  |                                      |                 |           |             |
| LIST USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT     |                                      |                 |           |             |
| LIST NON-USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT |                                      |                 |           |             |
| OTHER PRESENT VOLUNTEER JOBS / AGENCIES  |                                      |                 |           |             |
| OFFICIAL USE ONLY  |                                      |                 |           |             |

| REQUEST FOR PERSONNEL SECURITY ACTION  |   |   |  |
|--|---|---|--|
| <p><i>AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397.</i></p> <p><i>PRINCIPAL PURPOSES: To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations.</i></p> <p><i>ROUTINE USES: To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records.</i></p> <p><i>DISCLOSURE IS VOLUNTARY: Failure to information and SSN could result in assignment to less sensitive duties.</i></p> |   |   |  |
| <b>I. IDENTIFYING INFORMATION</b>  |   |   |  |
| 1. NAME (Last, First, Middle, Maiden)  |   | 2. ORGANIZATION OR FIRM SPONSOR<br>Hill Aerospace Museum / 75 ABW   |  |
| 3. GRADE<br>Volunteer  | 4. SSN  | 5. CITIZENSHIP<br><input type="checkbox"/> US CITIZEN <input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL |  |
| 6. DATE OF BIRTH   | 7. PLACE OF BIRTH (City, State, and Country)  |   |  |
| <b>II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS</b>  |   |   |  |
| 8. INVESTIGATION REQUIREMENT   |   | 9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT   |  |
| <input type="checkbox"/> National Agency Check and Inquiries (NACI)  |   | <input type="checkbox"/> ONE-TIME ACCESS <input type="checkbox"/> LIMITED ACCESS  |  |
| <input type="checkbox"/> National Agency Check with Law and Credit (NACLC) or Access   |   | <input type="checkbox"/> INTERIM CLEARANCE <input type="checkbox"/> SPECIAL ACCESS  |  |
| <input type="checkbox"/> National Agency Check and Inquiries.  |   | <input type="checkbox"/> UNESCORTED ENTRY   |  |
| <input type="checkbox"/> Single Scope Background Investigation (SSBI)  |   | <input type="checkbox"/> TOP SECRET <input type="checkbox"/> Priority Level 1   |  |
| <input type="checkbox"/> Secret Periodic Reinvestigation   |   | <input type="checkbox"/> SECRET <input type="checkbox"/> Priority Level 2   |  |
| <input type="checkbox"/> SSBI or PPR Periodic Reinvestigation  |   | <input type="checkbox"/> Priority Level 3   |  |
|  |   | <input type="checkbox"/> Priority Level 4   |  |
| <b>III. LOCAL FILES CHECK</b>  |   |   |  |
| 10. TO:<br>75 SFS  |   | 11. FROM:<br>75 ABW/MU  |  |
| 12. DATE   | 13. TYPED NAME, GRADE AND TITLE OF REQUESTER<br>Aaron C. Clark, NH-3, Museum Director | 14. SIGNATURE<br>Click to sign  |  |
| <b>IV. MEDICAL RECORDS CHECK</b>   |   |   |  |
| 15. I CERTIFY a medical records check required by AFI 31-501 or its replacement has been completed and no information exists, unless shown in Section VII, which would preclude the granting of eligibility of security clearance, access to special programs or unescorted entry to restricted areas.   |   |   |  |
| 16. DATE   | 17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES                           | 18. SIGNATURE<br>Click to sign  |  |
| <b>V. SECURITY POLICE RECORDS CHECK</b>  |   |   |  |
| 19. I CERTIFY a security police records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.   |   |   |  |
| 20. DATE   | 21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL                                  | 22. SIGNATURE<br>Click to sign  |  |
| <b>VI. ACCESS AUTHORIZATION</b>  |   |   |  |
| <input type="checkbox"/> ONE-TIME ACCESS   | <input type="checkbox"/> LIMITED ACCESS   | <input type="checkbox"/> CNWDI  | <input type="checkbox"/> NATO <input type="checkbox"/> RD    NC2-ESI |
|  |   | <input type="checkbox"/> CONTINUING   | <input type="checkbox"/> ONE-TIME                                    |
| 23. I CERTIFY the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed security on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national   |   |   |  |
| 24. DATE   | 25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY                                | 26. SIGNATURE<br>Click to sign  |  |
| 27. DATE   | 28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL         | 29. SIGNATURE<br>Click to sign  |  |
| <b>VII. REMARKS</b>  |   |   |  |
| 30 (If more space is needed, use reverse and show item number being continued)<br>LFC now required for museum volunteers by AFI 84-103.  |   |   |  |

# VOLUNTEER AGREEMENT FOR

|  |  |
|--|--|
| <input checked="checked" type="checkbox"/> <b>APPROPRIATED FUND ACTIVITIES</b> | <input type="checkbox"/> <b>NONAPPROPRIATED FUND INSTRUMENTALITIES</b> |
|--|--|

## PART I - GENERAL INFORMATION

|   |  |                      |
|---|--|----------------------|
| 1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i> |  | 2. YEAR OF BIRTH     |
| 3. INSTALLATION<br>Hill AFB                                     | 4. ORGANIZATION/UNIT WHERE SERVICE OCCURS<br>Hill Aerospace Museum |                      |
| 5. PROGRAM WHERE SERVICE OCCURS<br>Hill Aerospace Museum        | 6. ANTICIPATED DAYS OF WEEK  | 7. ANTICIPATED HOURS |
| 8. DESCRIPTION OF VOLUNTEER SERVICES<br>Museum Volunteer        |  |                      |

## PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

|   |              |                           |
|---|--------------|---------------------------|
| <b>9. CERTIFICATION</b><br><br>I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing. |              |                           |
| a. SIGNATURE OF VOLUNTEER   |              | b. DATE SIGNED (YYYYMMDD) |
| 10.a. TYPED NAME OF ACCEPTING OFFICIAL<br><i>(Last, First, Middle Initial)</i>  | b. SIGNATURE | c. DATE SIGNED (YYYYMMDD) |

## PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

|  |              |                           |
|--|--------------|---------------------------|
| <b>11. CERTIFICATION</b><br><br>I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering. |              |                           |
| a. SIGNATURE OF VOLUNTEER  |              | b. DATE SIGNED (YYYYMMDD) |
| 12.a. TYPED NAME OF ACCEPTING OFFICIAL<br><i>(Last, First, Middle Initial)</i>   | b. SIGNATURE | c. DATE SIGNED (YYYYMMDD) |

## PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

|  |          |         |          |               |  |   |  |
|--|----------|---------|----------|---------------|--|---|--|
| 13. AMOUNT OF VOLUNTEER TIME DONATED                                   |          |         |          | 14. SIGNATURE |  | 15. TERMINATION DATE<br><i>(YYYYMMDD)</i> |  |
| a. YEARS <i>(2,087 hours=1 year)</i>                                   | b. WEEKS | c. DAYS | d. HOURS |               |  |   |  |
| 16.a. TYPED NAME OF SUPERVISOR<br><i>(Last, First, Middle Initial)</i> |          |         |          | b. SIGNATURE  |  | c. DATE SIGNED (YYYYMMDD)                 |  |

# **HILL AEROSPACE MUSEUM INSTITUTIONAL CODE OF ETHICS**

## **PURPOSE**

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The Hill Aerospace Museum (hereafter referred to as Museum) ethics statement acknowledges the Museum's public trust responsibilities as well as identifies those general parameters within which museum employees, volunteers, interns, and its governing authorities operate. The Museum exists to serve both the US Air Force (USAF) and the public. Public trust is the principle that certain natural and cultural resources are preserved for public benefit. In essence, this means the public owns the collection, and it should be kept available so the public can study it, enjoy it, and learn from it. Furthermore, this principle means the public has entrusted the Museum to responsibly care for the national collection and to accurately interpret these artifacts for continual education. The Museum uses this code to ensure professional performance at all times.

The Museum functions as an arm of the USAF and, more specifically, its History and Museum Program. As such, it must comply with the Joint Ethics Regulation (JER) DoD 5500.7-R; applicable Air Force Instructions (AFIs), to include AFI 84-103, *United States Air Force Heritage Program*, which provides requirements for the management of historical property and related museum activities throughout the Air Force; and established procedures in such operational areas as financial management, personnel matters, and procurement of supplies, as well as within established USAF requirements governing personal conduct. In the event any aspect of this code conflicts with any of the above, the latter takes precedence. Museum staff should be guided by the following code of ethics.

## **EXTERNAL SUPPORT & RELATIONSHIPS**

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The Museum is own and operated by the US Air Force and is supported by the Aerospace Heritage Foundation of Utah (hereafter referred to as Foundation), a 501(c)(3) non-profit organization. Museum staff and the Foundation's Board of Directors are partners working together for the betterment of the Museum. However, the division of responsibilities between the two is clearly delineated and outlined in two Memorandum of Understandings between the Installation Commander, Museum Director, and Foundation Chair. Additionally, the governance structure for the Foundation is outlined in their bylaws.

1. The Foundation's purpose is to raise funds to support the Museum for capital improvements, exhibit and program support, and other purposes that supplement appropriated funds. As Federal Employees, the staff of the Museum are prohibited from certain Association activities such as serving on the Foundation's Board of Directors in a voting capacity or working directly for the Foundation.
2. The Museum is operated independently from the Foundation; the Foundation has no operational control, no role in determining personnel or collections policies, nor is it authorized to collect artifacts without the Director's approval.
3. This relationship requires adherence to the roles by both parties to ensure that the credibility of the Museum is not compromised.

## CODE OF ETHICS

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### **A. As an Institution, the Museum will:**

- ✧ Strive to be a good steward of its resources held in the public trust.
- ✧ Strive to identify the communities it serves and make appropriate decisions in how it serves them.
- ✧ Strive to be inclusive and offer opportunities for diverse participation.
- ✧ Embrace its public service role and place education at the center of that mission.
- ✧ Demonstrate a commitment to providing the public with physical and intellectual access to the museum and its resources, unless so doing would be harmful to the collection or violate operational policies.
- ✧ Remain committed to public accountability and transparency in its mission and its operations.
- ✧ Comply with local, state and federal laws, codes and regulations applicable to its facilities, operations, and administration.
- ✧ Strive to provide a safe, tolerant, and welcoming environment for staff and patrons.

### **B. Staff, volunteers, interns, contractors, and governing authorities will:**

- ✧ Enforce and comply with all Museum rules, policies, and procedures.
- ✧ Identify employment or personal activities that might present a conflict of interest to the Department of the Air Force Heritage Program.
- ✧ Safeguard all Museum property, including aircraft, artifacts, and related belongings.
- ✧ Conduct business in a legal and moral manner, and avoid even the slightest appearance of impropriety such as the use of one's position or access gained from that position for personal gain. As a public trust, the Museum is subject to scrutiny not just by the USAF, but also by its professional peers and the public.
- ✧ Be guided by DoD JER 5500.07R and museum ethics generally accepted among professionals within the museum community.
- ✧ NOT compete with the Department of the Air Force Heritage Program or give the appearance of doing so.
- ✧ NOT pursue a collecting interest during leisure time if there is a potential for a conflict of interest with official duties.
- ✧ Avoid sharing private or pre-decisional Museum information through public mediums.
- ✧ NOT accept gifts, discounts, or other favors from parties seeking to do business with the Department of the Air Force Heritage Program. Exceptions to the above are set forth in in 5 CFR 2635 Subpart B.
- ✧ NOT prepare appraisals for donors or potential donors. The only permissible appraisals are for internal use, investigations into claims of loss and for insurance purposes. Do not advise donors on the potential tax implications of making a donation to the Department of the Air Force Heritage Program.
- ✧ NOT speak on behalf of the DoD, the USAF, or the Department of the Air Force Heritage Program unless so authorized.
- ✧ Accept that the Foundation is the only entity permitted to pursue donations for the Museum.
- ✧ Recognize and strive to maintain the goal of service to the visiting public and the dissemination of knowledge.

- ✧ Appreciate the fact the Department of the Air Force Heritage Program is holding the National Historical Collection in trust for the benefit of future generations.
- ✧ Care for and interpret artifacts with sensitivity to their cultural origin.
- ✧ Treat all visitors, volunteers, interns, and staff with respect, courtesy, and consideration.
- ✧ NOT participate in any form of illegal behavior such as theft, drug abuse, discrimination, or sexual harassment, which will not be tolerated.
- ✧ NOT allow entrance into an exhibit space not normally accessible to the public or the handling of an artifact without the consent of the Director and/or Curator, which should only be given under circumstances that justify such access.
- ✧ Adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or disability.
- ✧ Strive to present USAF and local history to the public in an accurate and unbiased manner.
- ✧ Consent to reference checks and/or a criminal records investigation upon request.
- ✧ Refer all non-monetary donation offers to the Museum Director or Curator, as they are the only individuals at the Museum with the legal authority to initiate the acceptance of items on behalf of the Department of the Air Force Heritage Program. Only those items that meet the Museum's scope of collection statement and are within the Museum's ability to properly care for will be considered for acceptance into the collection.
- ✧ Accept that the federal government retains ownership of all original work and scholarly material produced for the Department of the Air Force Heritage Program as part of one's assigned duties.

**C. Federal Museum Staff will:**

- ✧ Manage all artifacts placed in the care of the Department of the Air Force Heritage Program in a manner that assures long-term preservation. Do not use historical property in a consumptive manner.
- ✧ Maintain all official records in an accurate, thorough, and orderly manner.
- ✧ Make the collections available for legitimate examination and research by people outside the Department of the Air Force Heritage Program within limitations of available resources, preservation of the items involved, purpose of the research, and other considerations.
- ✧ Ensure the integrity of reproductions and replicas and permanently identify those items as such.
- ✧ Only acquire artifacts with clear title that are unencumbered by donor stipulations or caveats.
- ✧ Adhere to all disposition guidance for collection items deemed excess to the Museum's needs. Historical property determined to be excess to needs will not be (a) given, sold or traded away; (b) returned to donors if it has been accepted as a donation and accessioned as historical property; (c) transferred to civilian organizations; or (d) transferred to other museums without prior approval of NMUSAF and MAJCOM/HO.

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I, \_\_\_\_\_, understand and agree to abide by the Hill Aerospace Museum's Code of Ethics outlined in this document.

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SIGNATURE

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DATE