



VOLUNTEER APPLICATION

7637-A Old Highway 99 SE
Olympia, WA 98501
(360) 705-3925

Name _____ Date _____

Address _____ Tel (H) _____

_____ Tel (W) _____

Email Address _____

Employer _____ Occupation _____

Date of Birth ____/____/____
MM / DD / YYYY

Volunteer Position Preference:

| | |
|---|---|
| <input type="checkbox"/> Aircraft Maintenance | <input type="checkbox"/> Flight line Operations |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Gift Shop/Office Duties |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Tours | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Artifact Acquisition | <input type="checkbox"/> Artifact Display |
| <input type="checkbox"/> Internet Projects | <input type="checkbox"/> Docent |

Availability: _____ Weekends _____ AM
_____ Weekdays _____ PM
_____ Hours Per Month _____ Times Available

General Background (including aviation and past work experience)

How did you hear about the museum volunteer program? _____

Do you volunteer anywhere else? _____

Please provide one personal reference (employer, co-worker, friend): Name/Address/Phone

Contact Person and Telephone Number in Case of Emergency

Signature _____ Date _____