



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 _____