



7637 – A Old Hwy. 99 SE
Olympia, WA 98503
360.705.3925

VOLUNTEER APPLICATION

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** _____