



Office Use Only
Date: _____
Dept: _____
Entered: _____

VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

HOME #: _____ **CELL#:** _____

EMAIL: _____

CONTACT PERSON (In Case of Emergency): _____ **Phone:** _____

Why would you like to be a part of The Royal Aviation Museum? _____

OCCUPATION:

PAST: _____

PRESENT: _____

EDUCATION/ SPECIAL TRAINING: _____

SPECIALTY SKILLS/ TALENTS: _____

COMPUTER SKILLS: _____ LANGUAGES: _____

VOLUNTEER EXPERIENCE:

Volunteer Positions & Interests:

- Guest Services Model Shops Photo Archives
- Library / Archives Exhibits, Graphics
- Restoration Main Office - Administration

Availability:

- WEEKDAYS WEEKENDS

Commitment:

- Daily
- Weekly
- Bi-Weekly
- Occasionally

If you have a resume, please attach it to this application.

References: Please provide 2 personal or business references.

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Please Note: Not all applications will be accepted.

I have read and understand this form. Furthermore, I give permission for my references, as noted on this form to be contacted.

Signature

Date