



Armstrong Air and Space Museum

Armstrong Air and Space Museum Volunteer Application

Name _____ Date _____

Address _____ City/State _____

Zip _____ Home Phone _____ Work Phone _____

Email _____ Birth date (mo/day) _____

Please circle the volunteer opportunities that interest you.

Docent or Guide

Office Administration

Greeter

Special Events

School Groups

Groundskeeping

Are you currently employed? Y N Where? _____

May we contact your employer? Y N

Are you a U.S. citizen or an alien authorized to work in the U.S.? Y N

EDUCATION

Are you a high school graduate? Y N

High School Location _____

College Name and Location (if applicable) _____

Year Graduated and Degree _____

Are you fluent in any foreign languages? If yes, please specify: _____

How did you hear about the Armstrong Air and Space Museum? _____

Please circle when you are available to volunteer.

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday Evenings Summer Year-round

What special interests or skills can you offer? _____

Please describe your experiences in public relations or public service.

If you have a disability, what accommodations would you need to volunteer?

EMPLOYMENT HISTORY

Dates	Employer	Position	Reason for Leaving
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REFERENCES

(Give name, address, and telephone number of three references who have knowledge of your work, experience, and ability. Please do not include relatives.)

1. _____

2. _____

3. _____

Have you been convicted of a felony in the past five years? Y N

If yes, please explain:

I authorize release of all information relating to this application and, to the best of my knowledge, have provided true and accurate information. I acknowledge this application as the first step in volunteering for the Armstrong Air and Space Museum. Upon successful completion of orientation, it will be determined if I am offered a volunteer position with the Armstrong Air and Space Museum.

Signature of Applicant

Date