



**APPLICATION FOR VOLUNTEER SERVICE
AMERICA ON WHEELS**

NAME: _____ **Date of Birth:** ____ / ____
(Last) (First) (Optional)

ADDRESS: _____ **PHONE:** _____
_____ **EMAIL:** _____

EDUCATION: ____ High School ____ Technical School ____ College ____ Graduate Study

OCCUPATION: _____ **EMPLOYER:** _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

SKILLS, INTERESTS, HOBBIES:

GROUP AFFILIATIONS:

HAVE YOU PHYSICAL LIMITATIONS? ____ Yes ____ No **IF YES, WHAT ARE YOUR SPECIAL CONSIDERATIONS (lifting, standing, physical activity)**

IN CASE OF EMERGENCY, NOTIFY:

(Name) (Relationship) (Phone)

(Over)

How many hours per month do you feel you could contribute to the Museum?

4 8 12 16 20 24 More Hours _____

AVAILABILITY: _____ Daytime _____ Evening _____ Weekend

Days of Week: _____ Times of Day: _____

PLEASE INDICATE ACTIVITIES YOU FEEL YOU MIGHT HAVE AN INTEREST: 1, 2, 3, ETC.:

- | | |
|---|---|
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Green Team |
| <input type="checkbox"/> Education Assistant | <input type="checkbox"/> Facilities Assistant |
| <input type="checkbox"/> Vehicle/Artifact Prep Installation | <input type="checkbox"/> Magic Carpet Assistant |
| <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Gift Shop Prep | <input type="checkbox"/> Auction/Special Event Gala |
| <input type="checkbox"/> Gift Shop Assistant | <input type="checkbox"/> Car Shows |
| <input type="checkbox"/> Admission Sales | |

Gift Shop: Handling money required

Admissions: Selling tickets (handling money is required)

**Maintenance/Installation:* Responsible for the preparation of vehicles and artifacts.

WHERE DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY? (Please check)

____ Friend ____ Newspaper ____ Club ____ TV/Radio ____ Flyer ____ Other

ADDITIONAL INFORMATION:

Signature

Date