



**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:

- Docent/Tour Guide
- Gallery Host (Floater)
- Education Assistant
- Parking Assistant for Special Events
- Admission & Museum Store Assistant
- Grounds Crew
- Office Assistant
- Special Events & Gala
- Outreach Ambassador
- Set-up/Clean-Up Crew
- Internships

**Note: Admission & Museum Store Assistant (handling money is required)
Training provided for volunteer opportunities**

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

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

REFERRED BY: _____
(NAME OF PERSON OR ORGANIZATION)

ADDITIONAL INFORMATION:

Signature

Date

America On Wheels – 5 North Front Street –Allentown, PA 18102
www.americaonwheels.org
Contact: Liz Hahn at
fund_development@americaonwheels.org
Phone: 610-432-4200 ext 10– Fax: 610-432-3670