## **Volunteer Application**



Contact Informa	ion			
Name			Age	
Street Address				
City, ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				
All contact information of	ollected is kept strictly confidential.			
Availability				
During which range(s	of hours are you available each of	lay?		
	•	-	Sunday	
	· ·	•		
	Wednesday	Saturday		
Interests				
	interested in volunteering in (che	ck all that anniv)?		
<ul> <li>Administration</li> <li>Events</li> <li>Tutoring</li> <li>Field work</li> <li>Fundraising</li> <li>Phone bank</li> <li>Newsletter prod</li> <li>Volunteer coord</li> </ul>				
Special Skills or	Qualifications			
Summarize relevant special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.				

Previous Volunteer Exp	perience
Summarize your previous vo	lunteer experience.
Person to Notify in Cas	e of Emergency
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signat	ure
that if I am accepted as a vo	n, I affirm that the facts set forth in it are true and complete. I understand plunteer, any false statements, omissions, or other misrepresentations ion may result in my immediate dismissal.
Name (printed)	
Signature (if sending electro	
sign in person at a later time	<u>;)                                    </u>
Date	
Our Policy	
•	s Aeronautical Museum to provide equal opportunities without regard to
	l origin, gender, sexual preference, age, or disability.
Thank you for completing th	is application form and for your interest in volunteering with us.
E-mail this application to vo	lunteer@tamuseum.org or print it out, sign it, and mail it to:
Voluntaar@TAM	

Volunteer@ I AM Attn: Myra Petgrave 961 W. Alondra Blvd. Compton, CA 90220

Questions? Call 310.618.1155 or e-mail volunteer@tamuseum.org