



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Virginia Museum of Transportation. Please complete this form. Select the Print button above in the upper right corner to save the completed document. Please return via email to: jwright@vmt.org.

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email: \_\_\_\_\_ Check if over 18  
Emergency contact name: \_\_\_\_\_  
Emergency contact phone: \_\_\_\_\_

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### YOUR AREAS OF INTEREST—CHECK ALL THAT APPLY

- \_\_\_\_\_ EDUCATION (Helping with school field trips)
- \_\_\_\_\_ FRONT WINDOW & STORE (Selling tickets, greeting guests, answering phone, working in the museum store)
- \_\_\_\_\_ BUILDING MAINTENANCE (Sweeping floors, cleaning windows, trash collection, dusting displays)
- \_\_\_\_\_ DOCENT (Greeting guests and talking about exhibits. Requires knowledge of rail, automobiles, or aviation.)
- \_\_\_\_\_ STAND-BY (Help with special events.)
- \_\_\_\_\_ EVENING & WEEKEND RENTALS (Help set up tables and staff rentals. Clean up when the group has left.)
- \_\_\_\_\_ WRITER / AUTHOR / RESEACHER (Exhibit interpretation. Requires word processing and research skills.)

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### YOUR SKILLS AND PREVIOUS WORK EXPERIENCE

List any specials skills and previous work experience that you feel will be of value to you while volunteering in the areas of interest indicated above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### YOUR AVAILABILITY

Indicate your availability in volunteering. Are you available on certain days, certain hours, weekends, or other?

\_\_\_\_\_

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### YOUR CONSENT

By signing below, I certify that all information submitted above is truthful and correct to the best of my knowledge and that I also give consent for the Virginia Museum of Transportation to obtain a background check. (Background checks are only performed by approved museum staff and results are kept confidential.)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_