



# VOLUNTEER APPLICATION FORM

Office Use Only
Date: _____
Dept: _____
Entered: _____

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 HOME #: \_\_\_\_\_ CELL#: \_\_\_\_\_

CONTACT PERSON (In Case of Emergency): \_\_\_\_\_ Phone: \_\_\_\_\_

Why Would You Like To Be A Part Of The Western Canada Aviation Museum? \_\_\_\_\_

### OCCUPATION / SKILLS:

PAST: \_\_\_\_\_ PRESENT: \_\_\_\_\_

EDUCATION/ SPECIAL TRAINING: \_\_\_\_\_

SPECIALTY SKILLS/ TALENTS: \_\_\_\_\_

VOLUNTEER EXPERIENCE: \_\_\_\_\_

### Volunteer Positions & Interests:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Guest Services     | <input type="checkbox"/> Model Shops        | <input type="checkbox"/> Photo Archives          |
| <input type="checkbox"/> Library / Archives | <input type="checkbox"/> Exhibits, Graphics | <input type="checkbox"/> Restoration             |
|   |   | <input type="checkbox"/> Office / Administration |

Availability:     WEEKDAYS             WEEKENDS

Commitment:    Daily    Weekly         Bi-Weekly     Occasionally

If you have a resume, please attach it to this application.

References: Please provide 2 personal or business references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Note: Not all application will be accepted.

I have read and understand this form. Furthermore, I give permission for my references, as noted on this form to be contacted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date