



Volunteer Application Form

All information gathered will be kept confidential and will be used only by the National Historical Arms Museum

Name: _____

Address: _____

Phone: Daytime: _____ Evening: _____

E-mail: _____

Are you over 18? Yes No

Please note applicants under 18 must have this form signed by a parent or guardian

Employment status:

Employed full time Retired Employed part time Not working

If currently employed please list your Employer and Current Position:

Please list what volunteer positions you are interested in:

1. _____
2. _____
3. _____

Please list any relevant experience:

References:

NAME	RELATION	TELEPHONE #	EMAIL

Thank you for your application. Should you meet the requirements for any open positions that you are interested in, a member of the National Historical Arms Museum will contact you. If no positions are available, your application will be kept on file in the event that a suitable position becomes available.

By signing below, you acknowledge that the information provided is true and accurate, and by signing below, you grant the National Historical Arms Museum permission to contact the references listed

Applicant's Signature

Date

Applicants under the age of majority must have a parent/guardian fill out the following:

I am aware of and support my child's decision to volunteer with the National Historical Arms Museum.

Name: _____

Telephone Number: _____ Relationship to Applicant: _____

Parent/Guardian Signature

Date