

HILLER AVIATION MUSEUM

VOLUNTEER APPLICATION & INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____
(Primary) (Secondary)

Email: _____

Date of Birth: _____

AVAILABILITY

	MON	TUES	WED	THUR	FRI	SAT	SUN
9:30-1:30							
1:00-5:00							
Evening							

INTEREST

Docent Restoration Library Special Event Other

BRIEFLY DESCRIBE YOUR BACKGROUND:

SPECIAL SKILLS: _____

LANGUAGES SPOKEN: _____