



## VOLUNTEER APPLICATION

### Volunteer Information:

Name: Mr./Ms./Mrs./Capt./Dr. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (name, work phone, home phone and relationship): \_\_\_\_\_

Delta Employee #: \_\_\_\_\_ Dept./Stn.: \_\_\_\_\_

Tell us why you are interested in volunteering at the Museum: \_\_\_\_\_

### Volunteer Opportunities:

Please circle the areas which you are most interested in volunteering:

\*Exhibit Greeter \*Tours \*Surplus Sales & Events \*Maintenance \*Administrative Help

What hours and days of the week are you available?

Sunday	Monday	Tuesday	Thursday	Friday	Saturday

Please list any specific skills and abilities that might be applicable in a volunteer position:

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

### Please send your completed application to:

Delta Flight Museum

Attn: Education

P.O. Box 20585, Dept. 914

Atlanta, GA 30320-2585

Phone: (404) 715-7886

Fax: (404) 715-2037

Email: [museum.delta@delta.com](mailto:museum.delta@delta.com)