

390th Memorial Museum Volunteer Application



Please scan and return to Walter Scales, Executive Director. wscales@390th.org.

Contact Information	
Name	
Spouse's Name (if applicable)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birthday mo/day (yr optional)	
Moved to Tucson	
Are you a seasonal resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No What months do you live in Tucson if you are seasonal?
Original Hometown	

Availability: When are you available for volunteer assignments
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Are you available for a full day (9:30 AM to 4:30 PM) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you would like half days what shift <input type="checkbox"/> Mornings (9:30 AM to 1:30 PM) <input type="checkbox"/> Afternoons (12:30 PM to 4:30 PM)

Interests: Tell us in which areas you are interested in volunteering and why

Previous Volunteer/Work Experience (just the basics please!)

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Military Experience/Units (if applicable)

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Office Use Only

Start Date: _____ Position Assigned: _____
Comments: _____