

San Diego Automotive Museum
VOLUNTEER APPLICATION FORM

Please print this form, fill out and fax to 619-231-2886 or mail to the address below.

San Diego Automotive Museum
c/o Volunteer Coordinator
2080 Pan American Plaza
San Diego, CA 92101

Date _____
 Mr. Mrs. Ms. Other _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

In case of an emergency or illness please notify:

Name _____
Relationship _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

Please describe any medical condition or allergies that we need to be aware of:

How did you learn about our volunteer opportunities?

When are you available to volunteer?

(Check all that apply)

- Ongoing/year round Summer
- Monday Tuesday Wednesday Thursday Friday
- Saturday Sunday
- Morning Afternoon

What type of volunteer activity would you like to participate in?

All volunteers will receive training and supervision appropriate for each position

(Check all that apply)

- Docent
- Tours
- Library
- Outside Events
- Administrative assistant
- Other (please specify below)
- Special Events
- Restoration
- Residents' Free Tuesday

Please list any past volunteer experiences:

Please list any areas in which you have experience or an interest in and explain briefly:

Are you fluent in any other languages? (Please specify)

Would you like to be notified of one time/special event volunteer opportunities?

- Yes No

I agree that the statements made in this volunteer application have been freely given, are correct and true.

Applicant's Signature _____ Date _____

If the applicant is under the age of 18 years of age, a parent or guardian must sign below.

Parent/Guardian Signature _____ Date _____