



Museum Volunteer Application

Volunteer Information:

Name: _____

Mailing Address: _____

Email: _____

Home Phone: _____ Work/Cell Phone: _____

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

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

Volunteer Opportunities:

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

*Archives *Museum Store *Hangar Sales & Events *Hangar Cleaning Days

*Museum Tours *Clerical/Administrative Help

What hours and days of the week are you available?

Monday	Tuesday	Wednesday	Thursday	Friday

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

Signature: _____ Date: _____

Please send your completed application to:

Delta Air Transport Heritage Museum, Inc.

P.O. Box 20585, Dept. 914

Atlanta, GA 30320-2585

Phone: (404) 715-7886 Fax: (404) 715-2037

Email: tiffany.m.meng@delta.com