

San Diego Automotive Museum
VOLUNTEER APPLICATION FORM

Please print this form, fill out and fax to 619-231-9869 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 _____