



TEMORA AVIATION MUSEUM VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ P/C: _____

Phone: Home: _____ Work: _____ Mobile: _____

D.O.B: _____

Are you 18 years of age or older? YES NO

EDUCATIONAL/LICENCES/EXPERIENCE

(Please list any qualifications or experience even if not aviation related)

HOBBIES/INTERESTS/SKILLS

(Please list any activities you enjoy or special skills you have)

DAYS/HOURS AVAILABLE

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ P/C: _____

Phone Home: _____ Work: _____ Mobile: _____