

**Liberty Aviation Museum
Volunteer Application Form**

Please complete this application form if you are interested in becoming a Liberty Aviation Museum volunteer. Please mail or email completed forms to:

**Liberty Aviation Museum
Erie-Ottawa County Airport
3515 E. State Road
Port Clinton, Ohio 43452
marketing@libertyaviationmuseum.org**

All required fields are denoted by an asterisk (*).

CONTACT INFORMATION

*Name: _____

*Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Home Phone: _____

_____ OK to call me here

Cell Phone: _____

_____ OK to call me here

Work Phone: _____

_____ OK to call me here

Email: _____

Email Preferences

The Liberty Aviation Museum likes to keep volunteers informed of important news, schedules and volunteer opportunities by email; however we will not send you any email you prefer not to receive.

If you would prefer not to receive email from the Liberty Aviation Museum, please initial here: _____

REFERENCES

Provide three references below. References should be from a person that supervised your work/volunteer/educational experience:

1. Name, Organization/School, Phone Number:

2. Name, Organization/School, Phone Number:

3. Name, Organization/School, Phone Number:

INTERESTS AND AVAILABILITY

Assignment Preference

Please indicate how you would like to volunteer. (Check all that apply):

- Docent
- Educational Activities
- Curatorial
- Facilities
- Clerical
- Visitor Services (Information Desk)
- Gift Shop
- Craftsman and Technical
- Other

Skills & Interests

Areas of Expertise (Check all that apply).

Skills:

- Archiving
- Cataloging
- Data Entry
- Historical Research

- _____ Hospitality
- _____ Photography
- _____ Retail
- _____ IT (Computer Programming, Software Development and Installation)
- _____ Teaching – Elementary
- _____ Teaching – Post-Secondary
- _____ Teaching – Secondary
- _____ Video Camera Operation
- _____ Craftsman and or Technical Experience
- _____ Other

If applicable, please describe your prior military service:

Please use the space below to tell us about your special skills, any foreign languages you make speak, areas of knowledge, and/or interests you may have:

How did you hear about the Liberty Aviation Museum?

What interests you about volunteering at the Liberty Aviation Museum?

Availability

Please let us know when you would be available. (Check all that apply)

Weekdays

Which days and hours: _____

Weekends

Which days and hours: _____

I Agree

I understand and agree that submitting this application does not automatically register me as a Liberty Aviation Museum volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By signing this form, I attest that the information provided is true and accurate.

Signature: _____

Date: _____