



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Tell us why you are interested in volunteering at the Museum? \_\_\_\_\_

Please select from volunteer opportunities (Spirit of Delta Project (i.e. Carpentry, GSE, Maintenance, Electrical, Flight Attendants), Archives, Museum Store, Hangar Sales, Administration, Hangar Employee Events)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

What hours and days of the week are you available? \_\_\_\_\_

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

Please list computer skills: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this application to:

Delta Air Transport Heritage Museum

PO Box 20585

ATG 914

Atlanta, GA 30320-2585

or

email to: [Elizabeth.h.patrick@delta.com](mailto:Elizabeth.h.patrick@delta.com)

Phone (404) 715-7886

or fax to: 404-715-2037