

VOLUNTEER APPLICATION
Pennsylvania Trolley Museum, Inc.
One Museum Road Washington, PA 15301-6133
724-228-9256 ptm@pa-trolley.org

Once this applications is received at the Museum you will be contacted by a representative from the department in which you are interested in volunteering.

Name _____ Birth date _____

Address _____

Home phone _____ Email _____

May we call you at work? If so, work phone _____

Other (cell phone, pager, etc) _____

1. Why would you like to volunteer at the Pennsylvania Trolley Museum?

2. What volunteer positions interest you (see sheet describing positions)?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Archives | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Trolley Maintenance and Restoration |
| <input type="checkbox"/> Education | <input type="checkbox"/> Trolley Operator |
| <input type="checkbox"/> Grounds | <input type="checkbox"/> Way & Track Volunteer |
| <input type="checkbox"/> Museum Store | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Administration/Clerical Assistant |

What skills or experience do you have in these areas?

3. What days or times are especially good for you?

	BEST	SOMETIMES	TIMES
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

Over to next page

How often can you volunteer?

____ days per week
____ days per month
____ preferred volunteer time_____

4. What line of work are you in and what other skills do you have?

Employer _____ Position _____

If you are unemployed or retired, what is/was your line of work?

5. Are you a member of the Pennsylvania Trolley Museum? Yes ____ No ____

6. How did you learn about volunteering at the Pennsylvania Trolley Museum?

At the trolley museum newspaper (which?_____)

Friend or acquaintance PTM Member (who?_____)

Other _____

7. Is there anything else you would like us to know about you or your interests?

8. Emergency Information:

Who do we contact in case of emergency? Name _____

Relationship _____ Phone _____

Is there any medical information, such as allergies or medicines we should be aware of?

9: Volunteers under Age 18: Please have your parents read, sign and date the Under 18 Policy Page and return it with this application.

For office use only
Date application received _____
Given to _____