INTREPID
SEA, AIR & SPACE MUSEUM COMPLEX

Volunteer Application

Date: _____

The Intrepid Sea, Air & Space Museum requests the following information because of our dedication and commitment to the Museum. Please complete all sections and if possible, include a resume. An incomplete application will delay our response. Questions on this application are asked for the sole purpose of considering you for volunteer services. When complete please e-mail, Fax or mail to:

Volunteer Department Intrepid Museum
1 Intrepid Square 12th Ave & 46th St
New York, NY 10036

E-mail: volunteers@intrepidmuseum.org
Fax: 646-381-5299

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Emergency # _____ Relation: _____

Tell us briefly about yourself: _____

_____

Special Skills or Training: _____

Proficiently Spoken Languages: _____

Why do you want to volunteer at the Intrepid Museum? _____

_____

_____

How did you hear about Intrepid's volunteer opportunities? _____

_____

VOLUNTEER EXPERIENCE: *(current and/or previous)*

Agency/Organization Name: (name and location) _____

_____

Position: _____

Duties: _____

Other Community/Volunteer Activities: _____

_____

_____

EMPLOYMENT: *(If resume is available, please submit with application*

Starting with your most recent employer, provide the following information:

Dates Employed: Month Year / to Month Year /

Employer: _____

Street Address: _____

Position held: _____

Dates Employed: Month Year / to Month Year /

Employer: _____

Street Address: _____

Position held: _____

EDUCATION:

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	

AVAILABILITY: *(Indicate the day and times that you are able to volunteer)* **Date you can Start:** _____

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
10AM - 2PM ☐	10AM - 2PM ☐	10AM - 2PM ☐	10AM - 2PM ☐	10AM - 2PM ☐	10AM - 2PM ☐	10AM - 2PM ☐
1PM - 5PM ☐	1PM - 5PM ☐	1PM - 5PM ☐	1PM - 5PM ☐	1PM - 5PM ☐	1PM - 5PM ☐	1PM - 5PM ☐

Listed below are many of the types of volunteer opportunities at the the Intrepid Museum. Please mark the areas that most match your skills and talents. Remember that ***any*** volunteer assignment is important to the success of the museum.

☐ Administrative Services
☐ Aircraft Restoration
☐ Docent
☐ Exhibit Explainer
☐ Museum Services

Other: _____

We require a 4 hour commitment on any given day that you volunteer and a minimum of 8 hours per month to be an active part of the Intrepid Volunteer Program. I certify that all information in this application is true and complete. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at the Intrepid Sea, Air & Space Museum. I have read and understand the above and by my signature consent to these statements.

Signature: _____ Date: _____

Please call 646-381-5058 for more details. We would like to have you aboard!