



Canadian Aviation Museum
104-2600 Airport Road
Windsor, ON N8V 1A1
519-699-9742

VOLUNTEER APPLICATION FORM PLEASE PRINT

Date: _____

Full Name: _____

Full Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email Address: _____

Current Status: Employed ___ Seeking Employment ___ Retired ___ School Full/Part Time ___

Emergency Contact Name: _____

Phone: _____ Relationship to you: _____

Please list your previous employment, community or volunteer involvement including years of service:

Please list other skills, experience and special interests:

What days of the week would you be available to commit to volunteering at CAM? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours a shift are you available for? _____



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Do you have any physical limitations that we need to be aware of?

Do you have any allergies or other medical issues that we need to be aware of to keep you safe?

Why are you interested in volunteering at CAM?

What are you hoping to gain from your volunteer experience at CAM?

How did you hear about our Volunteer Program? _____

Are you currently a CAM Member? YES NO

(Please note that all Volunteers within the organization must be a member in good standing)

Declaration

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer.

Signature: _____ Date: _____

Parental Consent for candidates under the age of 18

I hereby authorize _____ to volunteer for CAM and declare that I have the ability to act as the guardian for the above noted person.

Signature of Parent/Guardian _____

Relationship to Volunteer _____ Date _____