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:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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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:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

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: ______________