

Amelia Earhart Birthplace Museum

Volunteer Application Form

Name: _____

Date of Birth: __/__/_____

Address: _____

Telephone: _____ Email: _____

Emergency Contact: _____

What are your interests?
(check all that apply)

Archives

Education

Giving tours

Cleaning

Social Media

Special Events

Other: _____

What is your availability?

During your time at the AEBM, what do you hope to accomplish or learn? Please, explain:

Why did you choose the AEBM?

How did you learn about us?

Do you have any special skills, certifications, etc. that you feel would benefit the museum?