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?