

FORM NAME: Volunteer Application



Name: _____

Address: _____

Telephone: () _____ Email: _____

I would like to be a volunteer at the HTSA (National Motor Museum) because:

Academic/Trade qualifications: _____

Driver's Licence No: _____ Sighted: _____

Previous work or volunteer experience: _____

Skills: _____

Activities and interests: _____

I am able to volunteer for: _____ days per week _____ hours per week

Preferred days: _____

Any disability which may prevent me from undertaking some activities:

Contact in case of emergency: _____

_____ Telephone: () _____

Signature: _____ Date: _____