



New Volunteer Information

Please fill it out form and return it to:

Historical Electronics Museum

PO Box 1693, MS 4015

Baltimore, MD 21203

Fax: 410-765-0240 Email: radarmus@starpower.net

Mr./Mrs./Miss/Ms. _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Office _____

Email: _____

Current Occupation: _____

Volunteer Area of Interest (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Library/Archives |
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Lobby/Information Desk |
| <input type="checkbox"/> Education Volunteer | <input type="checkbox"/> Website Assistants |
| <input type="checkbox"/> Saturday Volunteer | <input type="checkbox"/> Collections Volunteer |

Availability (please check all that apply):

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

Background

Describe experience, skills, areas of interest and any information that will allow us to make the best use of your talents and interests:

Why would you like to become a volunteer at the Historical Electronics Museum?

Emergency Contact Information

Name: _____

Phone: _____