



NEW VOLUNTEER INFORMATION

PLEASE FILL OUT THE FORM AND RETURN TO:
NATIONAL ELECTRONICS MUSEUM
P.O. Box 1693, MS 4015
BALTIMORE, MD 21203
FAX: 410-765-0240 EMAIL: NEMUSEUM@GMAIL.COM

Mr./Mrs./Ms. _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Cell _____

Email _____

Current Occupation _____

Volunteer Area of Interest (check all that apply)

_____ Administration

_____ Library/Archives

_____ Tour Guide

_____ Education Volunteer

_____ Website Assistants

_____ Saturday Volunteer

Availability (please check all that apply)

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

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 National Electronics Museum?

Emergency Contact: Name _____ Phone _____