

# SARATOGA AUTOMOBILE MUSEUM

110 Avenue of the Pines  
Saratoga Springs, NY 12866  
Phone (518) 587-1935 FAX (518) 578-4149

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ email: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any skills, talents, or interests you would like to share as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

How many hours per month do you feel you could contribute to the museum?

(Please circle choice)            4            8            12            16            20            24            More

Availability:      Daytime \_\_\_\_\_      Evening \_\_\_\_\_      Weekend \_\_\_\_\_

Days of the week \_\_\_\_\_

Times of the day \_\_\_\_\_

Please indicate activities you feel you might have an interest: 1, 2, 3, etc.

Guide/Docent \_\_\_\_\_ Fundraising \_\_\_\_\_ Museum Gift Shop/cashier \_\_\_\_\_

Clerical \_\_\_\_\_ Mass Mailing \_\_\_\_\_ Library/archives \_\_\_\_\_

Admission Register \_\_\_\_\_ Ambassador \_\_\_\_\_ Auto Show Registration \_\_\_\_\_

Hospitality \_\_\_\_\_ Groundskeeping \_\_\_\_\_ Member/ Volunteer Recruitment \_\_\_\_\_

Special Events \_\_\_\_\_ Other \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_