



Volunteer Inquiry Form

First Name: **Last Name:**

Email:

Phone:

Address:

Line 1:

Line 2:

City:

State:

Zip:

In what capacity would you like to volunteer?

- Gift Shop/Admission
- Vehicle Maintenance
- Building Maintenance
- Docent/Tour Guide
- Archive/Library
- Greeter
- School Group Guide
- Group Mailings
- Housekeeping
- Other

What skills or experience will you bring to the Museum?

Please submit the completed form to:

World War II American Experience • P.O. Box 3062 • Gettysburg, PA 17325