



# WWII American Experience Volunteer Inquiry

Please fill out the below information and either email this form to [info@visitww2.org](mailto:info@visitww2.org) or snail-mail it to:

**WWII American Experience**  
**c/o Volunteer**  
**845 Crooked Creek Road,**  
**Gettysburg, Pa 17325**

## Your Contact Information

Your Name:

Email Address:

Phone Number:

Street Address:

City:

State:

Zip Code:

## Emergency Contact Information

Name:

Phone Number:

Relationship:

## Areas of Interest *(check all that apply)*

Front Desk / Greeter <input type="checkbox"/>	Vehicle Maintenance <input type="checkbox"/>
Docent <input type="checkbox"/>	Grounds Maintenance <input type="checkbox"/>
Archive / Library <input type="checkbox"/>	Ancestry / Research <input type="checkbox"/>
Special Events <input type="checkbox"/>	Admin <input type="checkbox"/>
Gift Shop <input type="checkbox"/>	Victory Garden <input type="checkbox"/>

## What skills or experience will you bring to the museum?

## Your Availability *(check all that apply)*

YES  NO

I give permission for my name and address/Email to be put on a general mailing list to receive updates from the World War II American Experience Museum

YES  NO

I give permission for World War II American Experience Museum to use my image in promotional and educational pamphlets, advertisements, and social media

I understand that volunteers are not to be considered employees for any purpose. Volunteers are responsible for carrying their own insurance to provide coverage for any accidents occurring during volunteer activities. I agree to hold World War II American Experience Museum, its agents, officers, partners, employees, and volunteers harmless from any liability loss, expense, or claim for injury or damages arising from my participation in this program.

	AM	PM
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_