

The Ohio Railway Museum New Volunteer Application

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Driver's License/Student ID	Active Health Insurance Provider		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you previously worked for the ORM? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Highest Level of Education Completed?			

EMERGENCY CONTACT

Last Name	First	Relationship
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	

PREVIOUS VOLUNTEERING EXPERIENCE

Organization	Phone	Dates: From:	To:
What did you do there?			
Organization	Phone	Dates: From:	To:
What did you do there?			

AREAS OF INTEREST

Where would you like to Volunteer?	Gift Shop/Museum <input type="checkbox"/>	Operations <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Other:
What skills do you have? None are required.	Office/Business <input type="checkbox"/> Computer <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Cash Register <input type="checkbox"/> Customer Service <input type="checkbox"/> Accounting <input type="checkbox"/> Event Planning <input type="checkbox"/> Inventory Control <input type="checkbox"/> Historical Research <input type="checkbox"/> Hand Tools <input type="checkbox"/> Power Tools <input type="checkbox"/> Bench Grinder <input type="checkbox"/> Drill Press <input type="checkbox"/> Lathe <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Bodywork <input type="checkbox"/> Auto Painting <input type="checkbox"/> Sand Blasting <input type="checkbox"/> Welding <input type="checkbox"/> Industrial Electrical <input type="checkbox"/> Wood Working <input type="checkbox"/> Plumbing <input type="checkbox"/>			
Other skills you have that are not listed above?				
What skills would you like to learn?	Office/Business <input type="checkbox"/> Marketing <input type="checkbox"/> Cash Register <input type="checkbox"/> Customer Service <input type="checkbox"/> Accounting <input type="checkbox"/> Event Planning <input type="checkbox"/> Inventory Control <input type="checkbox"/> Historical Research <input type="checkbox"/> Hand Tools <input type="checkbox"/> Power Tools <input type="checkbox"/> Bench Grinder <input type="checkbox"/> Drill Press <input type="checkbox"/> Lathe <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Bodywork <input type="checkbox"/> Auto Painting <input type="checkbox"/> Sand Blasting <input type="checkbox"/> Welding <input type="checkbox"/> Industrial Electrical <input type="checkbox"/> Wood Working <input type="checkbox"/> Plumbing <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release. I acknowledge that the Ohio Railway Museum may contact any of the people or organizations I have listed at any time. I understand that a background check may be performed. I understand my picture may be taken while at the Ohio Railway Museum or while on museum business, and I permit these pictures to be used by the museum.

Signature	Date
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