

VOLUNTEER APPLICATION

_____ Yes, I want to become a Volunteer!

Name: _____

Street: _____

City&Zip: _____

Telephone: _____

Email: _____

I am interested in volunteering as a/an:

Collections Care Assistant

_____ Street Car Restoration

Collections Interpretation

_____ Museum Docent

_____ Conductor

_____ Motorman

Maintenance

_____ Buildings

_____ Railway

I am available on: _____ weekends;

_____ weekdays; _____ both.

Date of Application: _____

Send your application to:

National Capital Trolley Museum
Volunteer Coordinator
1313 Bonifant Road, Colesville, MD 20905