



**NATIONAL CAPITAL
TROLLEY MUSEUM
VOLUNTEER APPLICATION**

NAME: _____

STREET ADDRESS: _____

CITY & ZIP: _____

BEST PHONE # : _____

E-MAIL: _____

TODAY'S DATE: _____

Please circle "Y" OR "N":

ARE YOU A STUDENT? Y N
[You must be 14 years old or older]

STUDENTS: IS THIS FOR SSL CREDIT? Y N
[Must commit to 20 hours or 6 three-hour sessions
for credit]

AVAILABILITY:

____ JUST WEEKENDS
____ JUST WEEK DAYS
____ BOTH

AREA(S) OF INTEREST*:

OPERATIONS*:

____ MUSEUM DOCENT/GUIDE
____ STREETCAR OPERATOR
____ ASSISTANT EDUCATOR

MAINTENANCE AND RESTORATION*:

____ RAILWAY MAINTENANCE
____ BUILDINGS AND GROUNDS
____ STREETCAR MAINTENANCE &
RESTORATION

COLLECTIONS CARE ASSISTANT

____ ARCHIVES/LIBRARY

* see <https://dctrolley.org/volunteers.html> for details

Return completed form to the Dispatcher at the Museum
or mail to:
Volunteer Coordinator
National Capital Trolley Museum
1313 Bonifant Rd.
Colesville, MD 20905

Or scan the completed form and e-mail to
volunteers@dctrolley.org