NAME: _______________________________________

STREET ADDRESS: ____________________________

CITY & ZIP: ________________________________

BEST PHONE # : _____________________________

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 30 hours/9 days 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

MATERIALS CONSERVATOR*:

_____  ARCHIVES AND LIBRARY ASSISTANT

* 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