

Volunteer Application

Please submit application to:
Virginia Museum of Transportation
c/o Fire Up 611 Volunteer Manager
303 Norfolk Avenue SW
Roanoke, VA 24016



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Are you at least 18 years of age? _____

Are you are registered sex offender, violent offender, or have you been convicted of a felony in the last 5 years? If yes, please explain: _____

List experience you have which may qualify you for your volunteer position:

What skills, trades or knowledge do you wish to use here? _____

When and where are you available to volunteer and for how long? _____

Please provide references who can attest to the skills you can provide:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Emergency Contact Name and Phone: _____

Medical information we should be aware of (allergies, special medications): _____
