

**Fountainhead Antique Auto Museum
VOLUNTEER APPLICATION**

Name _____ Date _____

Mailing Address _____

City, State & Zip _____

Phone # _____ Alternate # _____

E-mail Address _____

Emergency contact name and phone # _____

Are you age 18 or older? _____ Employer _____

Interests (Please check all that apply)

Docent Youth Educator Pit Crew General Volunteer Clothing

What days are you available? Please check all that apply.

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							
Evening							

Why do you want to volunteer at the Fountainhead Antique Auto Museum?

What qualifications would you bring to the program (interests, skills, experience, education, foreign language fluency, etc.)?

Please list two references and contact information.

Please mail/return to:

Fountainhead Development 1501 Queens Way Fairbanks, AK 99701 Fax: (907) 451-8347