

STUDENT INFORMATION

Name _____

Address _____

Date of Birth _____ Preferred Pronouns _____

Please indicate your volunteer department interest (Please only circle your top three choices)

Exhibits Simulator Team Education/Programming

Flightline Maintenance Collections History/Research

Your experience includes (Circle all that apply)

JROTC	Construction	Marketing/Social Media
Computer/Software Systems	Research/History	Event Planning
Website Design	Scouting	Office
Graphic Design	Public Relations	Leadership

If you selected any of the above experiences please give a brief description

Do you have any previous volunteering experience? Yes No

If yes, please describe _____

Please check your availability:

Tues. (10-5)	Wed. (10-5)	Thurs. (10-5)	Fri. (10-5)	Sat. (10-5)	Sun. (12-5)
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Please circle the best time for you: Morning Afternoon Evening

Please return your completed application in person or via mail or email to

Patuxent River Naval Air Museum Association, Inc.
 22156 Three Notch Rd, Lexington Park, MD 20653
 301-863-1900

volunteers@paxmuseum.org

Continue on other side

CONTACT INFORMATION

Parent Email _____ **Parent Phone** _____

Student Email _____ **Student Phone** _____

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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