



**National Museum of Health and Medicine
Volunteer Application**

Name: _____

Address: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email: _____ **Fax:** _____

Date of Birth: _____

Emergency Contact (name and phone number) _____

Please provide the following information:

Education (school, degree, major field of study) _____

Volunteer or Intern

Experience _____

Other Relevant Experience or Knowledge (example: education, communication, public speaking, learning theory, science, medicine, health, etc.) _____

For administrative use only

Date received:

Start Date:

Availability: (Please check off all that apply)

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday Evenings Mornings Afternoons

Professional Experience:(relevant to this position)

Please list two references:

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

Tour Program Manager
National Museum of Health and Medicine
2500 Linden Lane
Silver Spring, MD 20910
301-319-3312
gwen.r.nelmes.ctr@mail.mil
www.medicalmuseum.mil

For administrative use only

Date received:

Start Date: