



# USS LST SHIP MEMORIAL, INC.

## VOLUNTEER INFORMATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CHECK THE BOX OF THE AREA(S) YOU WOULD LIKE TO VOLUNTEER FOR. WE ARE WILLING TO TRAIN YOU FOR THE AREAS FOR WHICH YOU ARE INTERESTED.

<input type="checkbox"/>
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<input type="checkbox"/>

ENGINEERING DEPT. (ENGINES, ELECTRICAL, HVAC, ETC.)

DECK DEPT. (LINE HANDLING, LCVPS, INT/EXT. MAINT., ELECTRONICS)

CULINARY SPECIALIST (COOK, HELPERS)

TOUR GUIDE (EVANSVILLE ONLY)

**SKILLS OR EXPERIENCE FOR ANY OF THE ABOVE AREAS:**

**CAREER SKILLS OR EXPERIENCE (MEDICAL, MARKETING, LAWYER, ETC.)**

**PLEASE MAIL OR FAX TO:**  
USS LST SHIP MEMORIAL, INC.  
840 LST DR.  
EVANSVILLE, IN 47713  
PHONE: (812) 435-8678  
FAX: (812) 436-7866

ALL VOLUNTEERS ARE ASKED TO JOIN THE USS LST SHIP MEMORIAL BEFORE VOLUNTEERING AT THE LST-325. THE USS LST SHIP MEMORIAL, INC. MAY PERFORM A BACKGROUND CHECK AND INTERVIEW FOR ALL NEW VOLUNTEERS.

***THANK YOU FOR YOUR INTEREST IN VOLUNTEERING TO HELP US IN OUR EFFORTS TO PRESERVE A PIECE OF HISTORY.***