



VOLUNTEER OFFICE
1750 RADFORD BLVD
PENSACOLA FLORIDA 32508-5402
(850) 452-3605

LOCAL VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Date _____

First Name _____ M.I. _____ Last Name _____

Nickname (For Badge) _____ Birth date (mm/dd/yyyy) _____

Local Street Address _____ City _____

State _____ Zip Code _____

Local Phone No. (____) ____ - _____ Cell Phone No. (____) ____ - _____

For Office Use Only - Divisions Assigned _____

Spouses Name _____ Is Spouse A Museum Volunteer? Yes ___ No ___

Email Address _____

EMERGENCY CONTACT

Emergency Contact Name _____ Relationship _____

Phone No. (____) ____ - _____

Emergency Contact's Address _____

Hospital Of Choice _____

Primary Doctor _____ Doctor's Phone No. (____) ____ - _____

Civilian Employer _____ Occupation _____

Retired Civilian? Yes _____ No _____

MILITARY HISTORY

Military Service? Yes___ No___

Branch of Service Army___ Navy___ Marine Corps___ Coast Guard___
Air Force___ Other (Specify)_____

Service Date (MM/DD/YY) From_____ To_____

Highest Rate or Rank_____

Current Military Status Active Duty___ Reserve___ Retired___
Ex-Military___ Other (Specify)_____

Served During Wartime? Korea ___ Vietnam ___
Desert Storm___ Afghanistan___ Iraqi Freedom___
Other (Specify)_____

Military Aviation Experience? Yes___ No___

Type? Aviator (Pilot)___ NFO (Bomb/Nav)___ Aircrew___
Ground___ Other (Specify)_____

Aircraft Experience (List Aircraft)_____

Squadrons (List Squadrons) _____

Ships Served On (List Ships)_____

Additional Notes (If Necessary)_____

REFERENCES

References (3) No relatives; use former employers, associates, neighbors etc.

Name _____
Nature of Relationship _____
Phone No. _____

Name _____
Nature of Relationship _____
Phone No. _____

Name _____
Nature of Relationship _____
Phone No. _____

Language Skills _____

Additional Info or Skills

AREAS OF INTEREST

(Please check all areas of interest)

- _____ **Administration:** General office duties, answering telephones, typing, record keeping, and computer data input.
- _____ **Curatorial:** Logging of artifacts donated to Museum
- _____ **Aircraft Restoration:** Restoration of aircraft and organization of restoration materials.
- _____ **Homefront:** Museum Liaison for the Homefront area. Answer questions about the lifestyles of the 1940's, especially during the war years.
- _____ **Information Desk:** Greet and count visitors entering the Museum and/or Hangar Bay One and hand out brochures. Direct visitors to areas around Museum. Answer general questions. Operate public address system.
- _____ **Library:** Organize material for the Museum Library (including Archives) and serve at the Library Information Desk.
- _____ **Security:** Security of Museum and grounds. On-the-floor assistance, including answering questions, giving directions, and sharing Museum-related knowledge.
- _____ **Tour Guide:** Give guided tours around the Museum explaining background on all aircraft and history of Naval Aviation.
- _____ **Flightline Tours:** Give guided tours of flightline behind Museum. Driver for trolley is required to have a State of Florida CDL license.
- _____ **Flight Adventure Deck:** Give guided tours throughout FAD and demonstrate selected student activities from Escambia and Santa Rosa Counties.
- _____ **Flight Deck Operations:** Oversee the museum's carrier flight deck exhibit, and conduct the Flight Deck Operations video exhibit.

Volunteers must be at least 18 years of age!

To Maintain Active Volunteer Status: A volunteer must devote a minimum of 8 hours of service per month.

Privacy Statement: The personal data you provided above is considered **confidential** and will be used only on a need-to-know basis for administrative purposes.

I will act, dress, and perform all duties in a professional manner. I understand that volunteers at the Museum provide individual service to the visitors. Also, as a volunteer, I will be expected to be diplomatic on all dealings with the public. I agree to attend scheduled watches and training sessions, give timely notice of any expected absence, and inform the Volunteer Office of any changes in my address and/or telephone number.

Signature _____ **Date** _____