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.


_____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 _________________