

<b>USAF MUSEUM SYSTEM VOLUNTEER APPLICATION/REGISTRATION</b>				DATE	OMB No. 0701-0127 Expires August 31, 2009
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0127), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.</p>					
<b>PRIVACY ACT STATEMENT</b>					
<p>AUTHORITY: 10 U.S.C. Sec 80113. SAF powers and duties; delegation by compensation, and/or 5 U.S.C. 3311, Departmental Regulations.</p> <p>PRINCIPAL PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAFMS activities and to retrieve information for future requirements.</p> <p>ROUTINE USES: None</p> <p>DISCLOSURE IS VOLUNTARY. However, failure to provide the information requested could impact the effectiveness of placing you in the USAFMS volunteer program.</p>					
NAME (Last, First, MI)		HOME PHONE	WORK PHONE	CELL PHONE	
ADDRESS (Number & Street)		CITY, STATE, ZIP CODE			
EMAIL ADDRESS:		DATE OF BIRTH	PLACE OF BIRTH	CITIZEN OF	
PERSON TO CONTACT IN CASE OF EMERGENCY:		RELATIONSHIP	TELEPHONE	PREFERRED HOSPITAL	
EMPLOYER		OCCUPATION			
<b>EMPLOYED</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARILY <input type="checkbox"/> SEEKING EMPLOYMENT <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY					
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO    Do you have military identification credentials and vehicle pass? <input type="checkbox"/> YES <input type="checkbox"/> NO					
AVAILABILITY    Weekdays <input type="checkbox"/> AM <input type="checkbox"/> Weekend <input type="checkbox"/> PM <input type="checkbox"/>		Work shifts per week: _____		Minimum hours per week: _____	
SCHEDULING LIMITATIONS (Vacations, Seasonal Relocation, TDY's, etc.)          					
FOREIGN/SIGN LANGUAGE					
Read					
Write					
Speak					
WORK INTEREST AREAS					
Education		Foundation	Public Affairs	Other (List)	
Tours/Guides		Speakers Bureau	Research		
Restoration		Collections	Exhibits		
Photography/Audiovisual		Mailings	Building Mains/Grounds		
Office		Computer	Gift Shop		
HOW DID YOU LEARN ABOUT THE MUSEUM PROGRAM?					
Visitor	Organizational Referral	Personal Referral	Other (Specify): _____		

EDUCATION

SPECIAL TRAINING

SPECIAL SKILLS / Hobbies

CIVILIAN WORK HISTORY

MILITARY SERVICE HISTORY

BRANCH	JOB(S)/ASSIGNMENT(S)/SERVICE SCHOOLS/PME	RANK	YEARS/ERA	AIRCRAFT

FEDERAL SERVICE HISTORY

TYPE OF FEDERAL SERVICE	NUMBER OR YEARS	RETIRED	
		YES (Year):	NO

JOB(S) PERFORMED

LOCATION

LIST USAF AIRCRAFT YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT.

LIST NON-USAF AIRCRAFT YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT

OTHER PRESENT VOLUNTEER JOBS / AGENCIES

OFFICIAL USE ONLY