

USAF MUSEUM SYSTEM VOLUNTEER APPLICATION/REGISTRATION			DATE	OMB No. 0701-0127 Expires
<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>				
PRIVACY ACT STATEMENT				
<small>AUTHORITY: 10 U.S.C. Sec 8013, SAF powers and duties; delegation by compensation; and/or 5 U.S.C. 301, Departmental Regulations. 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. ROUTINE USES: None DISCLOSURE IS VOLUNTARY: However, failure to provide the information requested could impede the effectiveness of placing you in the USAFMS volunteer program.</small>				
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			
EMPLOYED			RETIRED	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARILY	<input checked="" type="checkbox"/> SEEKING EMPLOYMENT	<input type="checkbox"/> FULLY <input checked="" type="checkbox"/> PARTIALLY
Do you have a valid driver's license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Do you have military identification credentials and vehicle pass? <input type="checkbox"/> YES <input checked="" 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				
<input type="checkbox"/>	Read			
<input type="checkbox"/>	Write			
<input type="checkbox"/>	Speak			
WORK INTEREST AREAS				
<input type="checkbox"/>	Education	<input type="checkbox"/>	Foundation	<input type="checkbox"/>
<input type="checkbox"/>	Tours/Guides	<input type="checkbox"/>	Speakers Bureau	<input type="checkbox"/>
<input type="checkbox"/>	Restoration	<input type="checkbox"/>	Collections	<input type="checkbox"/>
<input type="checkbox"/>	Photography/Audiovisual	<input type="checkbox"/>	Mailings	<input type="checkbox"/>
<input type="checkbox"/>	Office	<input type="checkbox"/>	Computer	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Public Affairs	Other (List)
<input type="checkbox"/>		<input type="checkbox"/>	Research	
<input type="checkbox"/>		<input type="checkbox"/>	Exhibits	
<input type="checkbox"/>		<input type="checkbox"/>	Building Maint/Grounds	
<input type="checkbox"/>		<input type="checkbox"/>	Gift Shop	
HOW DID YOU LEARN ABOUT THE MUSEUM PROGRAM?				
<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Organizational Referral	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Personal Referral	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Other (Specify):	

EDUCATION				
SPECIAL TRAINING				
SPECIAL SKILLS / HOBBIES				
CIVILIAN WORK HISTORY				
MILITARY SERVICE HISTORY				
BRANCH:	JOBS/ASSIGNMENTS/SERVICE SCHOOLS/PME	RANK	YEARS/ERA	AIRCRAFT
FEDERAL SERVICE HISTORY				
TYPE OF FEDERAL SERVICE	NUMBER OR YEARS	RETIRED		
		YES (Year):	<input checked="checked" type="checkbox"/> NO	
JOBS 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				