

DRAFT**USAF HERITAGE SYSTEM VOLUNTEER APPLICATION/REGISTRATION****DRAFT**

DATE

OMB No. 0701-0127
Expires XXXXXXXXXX

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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0701-0127). 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 RESPONSE TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to Accept Certain Voluntary Services; 10 U.S.C. Section 8013, Secretary of the Air Force; 5 U.S.C. 301, Government Organization And Employees; Department of Defense Instruction 1100.21, Voluntary Service in the Department of Defense and Air Force Instruction 84-103, U.S. Air Force Heritage Program.

PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAF Museum activities and to retrieve information for future requirements.

ROUTINE USE: DoD Blanket Routine Uses Apply. http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html.

DISCLOSURE: Voluntary, however, failure to provide the information requested could impede the effectiveness of placing you in the USAF Museum volunteer program.

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"/>	Work shifts per week: _____	Minimum hours per week: _____
Weekend <input type="checkbox"/> PM <input type="checkbox"/>		

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"/> Public Affairs	Other (List)
<input type="checkbox"/> Tours/Guides	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Research	
<input type="checkbox"/> Restoration	<input type="checkbox"/> Collections	<input type="checkbox"/> Exhibits	
<input type="checkbox"/> Photography/Audiovisual	<input type="checkbox"/> Mailings	<input type="checkbox"/> Building Maint/Grounds	
<input type="checkbox"/> Office	<input type="checkbox"/> Computer	<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"/> Personal Referral	<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 OF YEARS	RETIRED <input type="checkbox"/> YES (Year) <input 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