

<b>USAF MUSEUM SYSTEM VOLUNTEER APPLICATION/REGISTRATION</b>	DATE	OMB No. 0701-0127 Expires Jul 31, 2000
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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.

**PRIVACY ACT STATEMENT**

*AUTHORITY: 10 U.S.C. Sec 8013, SAF powers and duties; delegation by compensation; and/or 5 U.S.C. 301, Department 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.*

NAME (Last, First, MI)	DATE OF BIRTH	HOME PHONE	WORK PHONE
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ADDRESS (Number & Street)	CITY, STATE, ZIP CODE
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EMPLOYER	OCCUPATION
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<b>EMPLOYED</b>				<b>RETIRED</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		

INTERESTS							
<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					

AVAILABILITY			SCHEDULING LIMITATIONS			MINIMUM AVAILABILITY		
<input type="checkbox"/> Weekdays	<input type="checkbox"/> AM							
<input type="checkbox"/> Weekends	<input type="checkbox"/> PM							

DO YOU PREFER TO WORK WITH SOMEONE IN PARTICULAR?	YES (Specify Name):	NO
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**MILITARY SERVICE HISTORY**

BRANCH:			
JOBS/ASSIGNMENTS/SERVICE/SCHOOLS/PME	RANK	YEARS/ERA	AIRCRAFT

**FEDERAL SERVICE HISTORY**

TYPE OF FEDERAL SERVICE	NUMBER OF YEARS	RETIRED	
		YES (Year):	NO
JOBS PERFORMED	LOCATION		

NON-FEDERAL WORK BACKGROUND (Include career/non-career skills)

EDUCATION/SPECIAL TRAINING

HOBBIES

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

HOW DID YOU LEARN ABOUT THE MUSEUM PROGRAM

Visitor	Organizational Referral	Personal Referral	Other (Specify)
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OTHER COMMENTS WHICH WILL PROVIDE USEFUL INFORMATION LIST ANY ROCKETS/MISSILES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THEM.

FOREIGN/SIGN LANGUAGE

Read	
Write	
Speak	

DO YOU HAVE MILITARY IDENTIFICATION CREDENTIALS AND VEHICLE PASS

YES	NO
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PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

TELEPHONE

PREFERRED HOSPITAL

INSURANCE COMPANY

INTERVIEWER COMMENTS