

Volunteer Application

Military Aviation Museum
 1341 Princess Anne Road
 Virginia Beach, VA 23457
 (757) 721-PROP



Name: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Date:
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Address:

City:	State/Zip:
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Home Phone:	Other Phone:
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Email Address:	Date of Birth: (optional)
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Contact Emergency:	Phone:	Relationship:
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Provide one reference for us to contact:

Name:	Relationship:	Phone:
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Last Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/>	Present/Last Position:
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Do you have any medical condition, allergies, medication, etc. that you would like us to know about?

Special Skills & Training/Education:

How familiar are you with historic aircraft?

Slight
 Average
 Very Much

Military Experience:

List any prior aviation or volunteer experience you may have: _____

Can we call on you to volunteer occasionally for Special Events? Yes No

Do you wish to volunteer on a regular basis each week? Yes No

How did you hear about our volunteer program? _____

In what area(s) would you like to volunteer? Docent Tours _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekends	Anytime
Morning									
Afternoon									

Signature:	Date:	Shirt Size:	Tag Name:
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Company Use Only: ORIENT BGCK T-1 T-2 OJT Sched Shirt Name