

USAF MUSEUM SYSTEM VOLUNTEER APPLICATION/REGISTRATION		DATE	OMB No. 0701-0127 Expires August 31, 2006	
<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	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Research	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Exhibits	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Building Maint/Grounds	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Gift Shop	<input type="checkbox"/>
HOW DID YOU LEARN ABOUT THE MUSEUM PROGRAM?				
<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Organizational Referral	<input type="checkbox"/>
<input type="checkbox"/>	Personal Referral	<input type="checkbox"/>	Other (Specify):	

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

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	
		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

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