

USAF HERITAGE PROGRAM (USAFHP) VOLUNTEER APPLICATION / REGISTRATION	DATE	OMB No. 0701-0127 Expires: Sep 30, 2016
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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 1588, Authority to Accept Certain Voluntary Services; 10 U.S.C. Sec 8013, Secretary of the Air Force; 5 U.S.C. Sec 301, Gov't Organizations and Employees; DoDI 1100.21, Voluntary Service in the DoD; AFI 84-103, USAF Heritage Program.
 PRINCIPAL PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAFHP activities and to retrieve information for future requirements.
 ROUTINE USES: 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 USAFHP volunteer program.

NAME (Last, First, MI)	HOME PHONE	WORK PHONE	CELL PHONE
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ADDRESS (Number & Street)	CITY, STATE, ZIP CODE
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EMAIL ADDRESS:	DATE OF BIRTH	PLACE OF BIRTH	CITIZEN OF
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PERSON TO CONTACT IN CASE OF EMERGENCY:	RELATIONSHIP	TELEPHONE	PREFERRED HOSPITAL
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EMPLOYER	OCCUPATION
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EMPLOYED				RETIRED	
<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

Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have military identification credentials and vehicle pass? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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: _____
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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"/>	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 Maintenance/Grounds
<input type="checkbox"/>	Office	<input type="checkbox"/>	Computer	<input type="checkbox"/>		Gift Shop

HOW DID YOU LEARN ABOUT THE HERITAGE 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 OR YEARS	RETIRED		
		YES (Year):		NO
JOBS PERFORMED		LOCATION		
LIST USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFLIATION TO THESE AIRCRAFT				
LIST NON-USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT				
OTHER PRESENT VOLUNTEER JOBS / AGENCIES				
OFFICIAL USE ONLY				

(REVERSE)