



**VOLUNTEER OFFICE**  
1750 RADFORD BLVD  
PENSACOLA FLORIDA 32508-5402  
(850) 452-3604 Ext. 3138 / 3139

# **SNOWBIRD VOLUNTEER APPLICATION FORM**

## PERSONAL INFORMATION

Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname (For Badge) \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_

Local Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For Office Use Only - Divisions Assigned \_\_\_\_\_

Snowbird? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouses Name \_\_\_\_\_ Is Spouse A Museum Volunteer? Yes \_\_\_ No \_\_\_

Email Address \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact's Address \_\_\_\_\_

Hospital Of Choice \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Doctor's Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Civilian Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Retired Civilian? Yes \_\_\_\_\_ No \_\_\_\_\_

# MILITARY HISTORY

Military Service? Yes\_\_\_\_ No\_\_\_\_

Branch of Service Army\_\_\_\_ Navy\_\_\_\_ Marine Corps\_\_\_\_ Coast Guard\_\_\_\_  
Air Force\_\_\_\_ Other (Specify) \_\_\_\_\_

Service Date (MM/DD/YY) From\_\_\_\_\_ To\_\_\_\_\_

Highest Rate or Rank\_\_\_\_\_

Current Military Status Active Duty\_\_\_\_ Reserve\_\_\_\_ Retired\_\_\_\_  
Ex-Military\_\_\_\_ Other (Specify)\_\_\_\_\_

Served During Wartime? Korea \_\_\_\_\_ Vietnam \_\_\_\_\_  
Desert Storm\_\_\_\_ Afghanistan\_\_\_\_ Iraqi Freedom\_\_\_\_  
Other (Specify)\_\_\_\_\_

Military Aviation Experience? Yes\_\_\_\_ No\_\_\_\_

Type? Aviator (Pilot)\_\_\_\_ NFO (Bomb/Nav)\_\_\_\_ Aircrew\_\_\_\_  
Ground\_\_\_\_ Other (Specify)\_\_\_\_\_

Aircraft Experience (List Aircraft)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Squadrons (List Squadrons) \_\_\_\_\_  
\_\_\_\_\_

Ships Served On (List Ships)\_\_\_\_\_  
\_\_\_\_\_

Additional Notes (If Necessary)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

References (3) No relatives; use former employers, associates, neighbors etc.

Name \_\_\_\_\_  
Nature of Relationship \_\_\_\_\_  
Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Nature of Relationship \_\_\_\_\_  
Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Nature of Relationship \_\_\_\_\_  
Phone No. \_\_\_\_\_

Language Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Info or Skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AREAS OF INTEREST

(Please check all areas of interest)

\_\_\_\_\_ **Administration:** General office duties, answering telephones, typing, record keeping, and computer data input.

\_\_\_\_\_ **Curatorial:** Logging of artifacts donated to Museum

\_\_\_\_\_ **Aircraft Restoration:** Restoration of aircraft and organization of restoration materials.

\_\_\_\_\_ **Homefront:** Museum Liaison for the Homefront area. Answer questions about the lifestyles of the 1940's, especially during the war years.

\_\_\_\_\_ **Information Desk:** Greet and count visitors entering the Museum and/or Hangar Bay One and hand out brochures. Direct visitors to areas around Museum. Answer general questions. Operate public address system.

\_\_\_\_\_ **Library:** Organize material for the Museum Library (including Archives) and serve at the Library Information Desk.

\_\_\_\_\_ **Security:** Security of Museum and grounds. On-the-floor assistance, including answering questions, giving directions, and sharing Museum-related knowledge.

\_\_\_\_\_ **Tour Guide:** Give guided tours around the Museum explaining background on all aircraft and history of Naval Aviation.

\_\_\_\_\_ **Flightline Tours:** Give guided tours of flightline behind Museum. Driver for trolley is required to have a State of Florida CDL license.

\_\_\_\_\_ **Flight Adventure Deck:** Give guided tours throughout FAD and demonstrate selected student activities from Escambia and Santa Rosa Counties.

\_\_\_\_\_ **Flight Deck Operations:** Oversee the museum's carrier flight deck exhibit, and conduct the Flight Deck Operations video exhibit.

**Volunteers must be at least 18 years of age!**

**To Maintain Active Volunteer Status:** A volunteer must devote a minimum of 8 hours of service per month.

**Privacy Statement:** The personal data you provided above is considered **confidential** and will be used only on a need-to-know basis for administrative purposes.

I will act, dress, and perform all duties in a professional manner. I understand that volunteers at the Museum provide individual service to the visitors. Also, as a volunteer, I will be expected to be diplomatic on all dealings with the public. I agree to attend scheduled watches and training sessions, give timely notice of any expected absence, and inform the Volunteer Office of any changes in my address and/or telephone number.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_