

<b>USAF HERITAGE PROGRAM (USAFHP) VOLUNTEER APPLICATION / REGISTRATION</b>				DATE		OMB No. 0701-0127 Expires: Sep 30, 2016				
<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>										
<b>PRIVACY ACT STATEMENT</b>										
<small>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 <a href="http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html">http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html</a>  DISCLOSURE: VOLUNTARY, however, failure to provide the information requested could impede the effectiveness of placing you in the USAFHP 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					
<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
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						
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										
<b>WORK INTEREST AREAS</b>										
Education		Foundation		Public Affairs		Other (List)				
Tours/Guides		Speakers Bureau		Research						
Restoration		Collections		Exhibits						
Photography/Audiovisual		Mailings		Building Maintenance/Grounds						
Office		Computer		Gift Shop						
<b>HOW DID YOU LEARN ABOUT THE HERITAGE PROGRAM?</b>										
<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				
<b>MILITARY SERVICE HISTORY</b>				
BRANCH	JOBS/ASSIGNMENTS/SERVICE SCHOOLS/PME	RANK	YEARS/ERA	AIRCRAFT
<b>FEDERAL SERVICE HISTORY</b>				
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)*