

# CDAM



## Volunteer Application and Information Form

*Please print/type clearly and complete all information possible*

Application Date: \_\_\_\_\_

### Personal Information

First Name	Last Name
Street Address	<b>General Contact Phone Numbers</b> Primary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Secondary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Tertiary: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>
City, State, Zip Code	
Email Address	
Date of Birth <i>(only required if under 18)</i>	

### Volunteer Information

Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever worked/volunteered for CDAM? Year last volunteered:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you been a volunteer for another organization? If yes, which one(s):	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is your round trip travel time to CDAM in minutes:		<input type="checkbox"/> - None/Expired	<input type="checkbox"/> - Individual
What is your one way travel distance to CDAM in miles:		<input type="checkbox"/> - Family	<input type="checkbox"/> - Other
T-shirt Size (Adult) <input type="radio"/> SML <input type="radio"/> MED <input type="radio"/> LRG <input type="radio"/> XL <input type="radio"/> 2XL <input type="radio"/> 3XL <input type="radio"/> 4XL <input type="radio"/> Other			
Area(s) of Interest as a volunteer			
<input type="checkbox"/> - Museum Guide <input type="checkbox"/> - Tour Guide <input type="checkbox"/> - Education Guide <input type="checkbox"/> - Youth Program Guide <input type="checkbox"/> - Library			
<input type="checkbox"/> - Aircraft Detailer <input type="checkbox"/> - Restoration <i>(usually requires experience and/or A&amp;P license)</i> Summary of related skill/experience:			
_____			
Questions? Contact: <a href="http://CochiseDefenseMuseum.org">CochiseDefenseMuseum.org</a>			

### EMERGENCY CONTACT *(May be completed at Orientation)*

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_