



# VOLUNTEER APPLICATION

**NAME** Last: \_\_\_\_\_ First: \_\_\_\_\_

**ADDRESS** Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PHONE** Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you under age 18? Yes No If yes, what is your age? \_\_\_\_\_

**Emergency Contact** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Please list the dates and times you are available to volunteer:**

**Are you volunteering as part of a service group?**

Yes No

If yes, what group? \_\_\_\_\_

**Are you volunteering to earn high school community service hours?**

Yes No

If yes, what high school? \_\_\_\_\_

**What area of the airshow are you volunteering for?**

Admissions	Hospitality	Ground Operations	Air Operations
Facilities	Security(First Aid)	Concessions	Finance
	Marketing	Administration	Transportation

**Have you been contacted by someone to confirm your volunteer dates and times?**

Yes No

Send to: California Int'l Airshow P O Box 144: x 1448 Salinas, CA 93902  
Fax to: (831) 754-0808