



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