

# VOLUNTEER APPLICATION

Flight Path Learning Center of Southern California

Marie Happ, Director of Volunteers: 424-646-7284

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Day phone: \_\_\_\_\_  
Evening: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### *Areas of interest (Please check one or more):*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Museum tours (docent)        | <input type="checkbox"/> Speaking to community groups | <input type="checkbox"/> Reception/phones     |
| <input type="checkbox"/> Library/archives             | <input type="checkbox"/> Working with students        | <input type="checkbox"/> Clerical/bookkeeping |
| <input type="checkbox"/> Promotion/fund-raising       | <input type="checkbox"/> Aviation career counseling   | <input type="checkbox"/> Building maintenance |
| <input type="checkbox"/> Other (please explain) _____ |   |   |

### *(Please circle all that apply and fill in information. Use reverse if needed):*

Talents/special skills \_\_\_\_\_  
Airline or aircraft experience \_\_\_\_\_  
Teaching/education experience: \_\_\_\_\_  
Administrative or clerical experience: \_\_\_\_\_  
Publicity or fundraising experience: \_\_\_\_\_  
Computer skills: \_\_\_\_\_  
Foreign languages spoken: \_\_\_\_\_  
Days of the week are you available? \_\_\_\_\_  
Previous volunteer experience: \_\_\_\_\_  
Please describe any medical condition that may affect your work as a volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you pleaded guilty or been convicted of a crime?

Please write yes or no: \_\_\_\_\_ (If yes, explain on reverse)

Emergency contact name: \_\_\_\_\_

Street address: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_

The above information is true and complete to the best of my knowledge. I understand that Flight Path will make every effort to match my interests and availability to its needs. If selected as a volunteer, I agree to follow standards of work, conduct and dress established by Flight Path, follow directions of my supervisor, give timely notice of any expected absence, and keep Flight Path informed of changes in my address or telephone number.

Please sign and return to:

**Flight Path Learning Center  
PO Box 90234  
Los Angeles CA 90009**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_