

VOLUNTEER APPLICATION

PERSONAL A. NAME: DOB: ADDRESS: CITY: _____ STATE: ____ ZIP: ____ HOME PHONE: _____ CELL PHONE: _____ MOTOR VEHICLE TAG#: _____ STATE: ____ DRIVERS LICENSE: NO NRA MEMBERSHIP: YES TYPE: NUMBER: NRA WHITTINGTON CENTER MEBERSHIP: YES NO TYPE: NUMBER: ARE YOU COVERED BY MAJOR MEDICAL/ACCIDENT INSURANCE? YES NO NAME OF CARRIER: _____ POLICY#: ____ ANY MEDICAL RESTRICTIONS OR LIMITATIONS? YES NO EXPLAIN:

| | IN CASE OF EMERGENCY / NOTIFY: | | | | |
|------------|--|--|--|--|--|
| | NAME: | | | | |
| | HOME PHONE: | CELL PHONE: | | | |
| 3 . | BACKGROUND CHECK | | | | |
| | ARE YOU PROHIBITED BY STATE | OR FEDERAL LAW FROM OWNING OR | | | |
| | BEING AROUND FIRARMS? YES | S NO | | | |
| | DO YOU HAVE ANY OBJECTIONS | TO THE NRA WHITTINGTON CENTER | | | |
| | DOING A BACKGROUND CHECK? | YES NO | | | |
| | DATES OF AVAILABILITY (DAY AND MONTH) | | | | |
| | FROM: | TO: | | | |
| ١. | VOLUNTEER WORK PREFERENCES (SELECT ONE OR MORE ACTIVITY) | | | | |
| | 8. COMPETITIVE ACTIVITIES 9. MAINTENANCE ACTIVITIES 10. CONSTRUCTION ACTIVITIES 11. YOUTH ACTIVITIES 12. RANGE SAFETY OFFICER 13. FIREARM INSTRUCTOR 14. RANGE DEVELOPMENT | WOOD SHOP CAMP HOST RETAIL/SALES MEMBERSHIP/FUNDRAISING CUSTOMER SERVICE HOUSEKEEPING ADMINISTRATIVE | | | |
| • | EXPERTISE OR SPECIALIZED TRAINING IN ACTIVITY OR ACTIVITIES | | | | |
| | SELECTED: | | | | |
| | | | | | |
| | | | | | |
| IR. | ARM BACKGROUND | | | | |
| | HOW MANY YEARS OF FIREARM | EXPERIENCE DO YOU HAVE? | | | |
| • | | | | | |

| BRIE | EF WORK HISTORY: | | |
|-------------|---|-----------|--|
| | | | |
| ACC | OMMODATION: | | |
| | 1. RV CAMPGROUND 2. PRIMITIVE CAMPGROU | ND | _ _ _ |
| | AVAILABLE (| ONLY AS S | SPACE ALLOWS!! |
| OF C VOL | | RATION | WILL PROVIDE LODGING, FRE N OF THE VOLUNTEER'S STAY. R OWN MEALS AND |

Thank you for your interest in becoming part of the NRA Whittington Center Team!