

Thank you!

2009 Volunteer Registration Form



Name: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

How did you hear about the Visiting Nurse Association Air Show?  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered with the Air Show before?  Yes  No

If yes, what year and what functions did you perform?  
\_\_\_\_\_

Availability to volunteer (check all that apply)

- Saturday, November 14
- Sunday, November 15

Do you know anyone else who might like to volunteer?  Yes  No

If so, please provide their name(s) and phone numbers(s) so we can invite them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a pilot?  Yes  No      Are you a student?  Yes  No

Are you able to stand on your feet for 8 hours?  Yes  No

Physical Limitations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

- Age:  under 18\*  
 18 - 20  
 21 - 30  
 31 - 40  
 41 - 50  
 51 - 60  
 61 +

*Fax this form to 772.286.0738, Attn: Debbie Ecker  
Questions? Call 772.286.1844  
Visit us online at [www.vnaairshow.com](http://www.vnaairshow.com)!*

\* students under 18 must be volunteering with an organization.  
**Organization name:**  
\_\_\_\_\_