



Booth Volunteer Application
Wings Over Homestead Air and Space Show 2018
November 3rd and 4th

Name and Address of Organization: _____

POC: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Address the check will be mailed to after the event: _____

How many Volunteers can you provide each day? _____

The association/organization will:

1. Staff the booth(s) on 3 & 4 Nov 2018, with _____ number people as recommended by the 482 FSS/FSV.
2. Provide personnel at no later than 0730 hrs and release personnel no earlier 1800 hrs. each of the two days. Failure to staff the booth as contracted will result in reduced payment to volunteer organization/person.
3. Ensure that "Booth Workers" are available to attend food service training at a designated time and place to be announced at a later date.
4. Ensure "Booth Leaders" are available at all times in booths. Two (2) may be named as "Booth Leaders".
5. Ensure no one under the age of 17 is allowed in the booth at any time.
6. Must wear a solid RED shirt. A RED shirt is required to work at the booths. Not supplied by Force Support Squadron; provided by Volunteer Organization or individual.

Ensure that No Alcohol is consumed by workers or volunteers on the Air Show site during working hours.

I understand that by completing this application I am not guaranteed that my organization will have the opportunity to participate. I also understand that if we are not given this opportunity, that the information provided above will be destroyed and not used for any other purpose. If your organization is not selected to participate, no background checks will be conducted. Changes to the event and event site, as well as volunteer selection, may be made at the discretion of the Chief of Services.

Authorized representative for the organization

Date

Chief of Services or Authorized Representative

Date

Please email completed applications to: 482fss.482fss.volunteers@us.af.mil

Incomplete applications will not be considered and no action will be taken.

Priority consideration will be given on a first come first serve basis.

Please fill out the information requested below on each volunteer and understand by doing so a background check will be conducted on each volunteer for the purposes of Homeland Security. Please designate the Booth Captain with a BC before the name.

Name: _____ DOB: _____

Driver License Number/State: _____ US Citizen: Y/N _____

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