



VOLUNTEER APPLICATION/2024

Please complete and email or mail to:

Reno Air Racing Association

14501 Mt. Anderson Street

Reno, NV 89506

info@airrace.org

Phone: 775.972.6663

YOUR NAME:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE INITIAL</i>

ADDRESS:

CITY:

STATE:

ZIP CODE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-MAIL:

CELL PHONE:

<input type="text"/>	<input type="text"/>
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HOME PHONE:

WORK PHONE:

<input type="text"/>	<input type="text"/>
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E-MAIL:

CELL PHONE:

<input type="text"/>	<input type="text"/>
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Emergency Contact Information

Name:

Relationship:

<input type="text"/>	<input type="text"/>
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Cell Phone:

Home Phone:

<input type="text"/>	<input type="text"/>
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Have you ever volunteered in the past: Yes No

If yes, what area? _____

Do you have any physical limitations? _____

What days are you available to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Where would you be interested in working? (Please do not leave blank)

- Anywhere I am Needed
- Hospitality
- Logistics/Event Operations (Set up/Teardown)
- Ticket Sales
- Security/Gate Control
- Office (Pre-event, Starting in June)
- Flight Line Operations *Must have prior experience

Skills or talents that may be of use to the Air Show: *

Referred by: _____

VOLUNTEER COORDINATOR USE ONLY:

Date application received: _____

Date application forwarded to Department/Team Leader: _____

Accepted: _____ Denied: _____

Applicant contacts: _____
