

**MARINE HELICOPTER SQUADRON 361
VETERANS ASSOCIATION INC.
P.O. BOX 429
CUTCHOQUE, N.Y. 11935
631-827-5526**

Volunteer Information Form

Last Name _____ First Name _____ Middle Name _____

Mr. Mrs. Ms.
Other _____ (Please Specify)

Address _____

City _____

State _____ ZIP Code _____ - _____

Military Service

- ARMY
- AIR FORCE
- COAST GUARD
- NAVY
- MARINE CORPS

Phone Number _____ Ext _____ Home Work Cell Pager FAX

Phone Number _____ Ext _____ Home Work Cell Pager FAX

Phone Number _____ Ext _____ Home Work Cell Pager FAX

E-Mail Address _____

Emergency Contact _____

Do You have any Physical Limitations? _____

When are you available? _____

How can you help us, Check all that apply

- | | | | | | |
|---|--|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Aircraft Electrician | <input type="checkbox"/> Engine Mechanic | <input type="checkbox"/> Hydraulics | <input type="checkbox"/> IA Certified | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Airframes | <input type="checkbox"/> General Helper | <input type="checkbox"/> Supply | <input type="checkbox"/> Accounting | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Avionics | <input type="checkbox"/> Ground Support | <input type="checkbox"/> AP Certified | <input type="checkbox"/> Attorney | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Media Relations |

Others (Please Specify) _____

Any way I can help

Aircraft or Special Tools you have _____

Additional Information _____

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