



# GENERAL VOLUNTEER AVAILABILITY FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEDICAL INFORMATION:** Do you have medical insurance?  No  Yes, who is your provider? \_\_\_\_\_

Do you have any physical limitations or health conditions (s) that require you to limit your activities or working conditions? **Please be specific** and describe how to avoid any complications.

\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** I have the following allergies / I am allergic to:

- Seasonal       Penicillin       Insect Stings       Nuts       Aspirin
- Other(s) \_\_\_\_\_

**CERTIFICATIONS** I have the following certifications:

- NRA Certified Instructor     NRA Certified Coach                       NRA Referee                       CPR
- NRA Training Counselor     NRA Chief Range Safety Officer         Current 2009EMT/First Responder
- NRA Classified Shooter     NRA Range Safety Officer                 Other \_\_\_\_\_
- NRA National Coach Development Staff     Other \_\_\_\_\_

**SPECIAL SKILLS** (Please list any special skills you have, photography, public relations, sales, legislative, teacher, customer service, etc...):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE:** (Please check one)

- I have never volunteered for the NRA before.
- I am a returning volunteer; this will be my \_\_\_\_\_ year as a NRA General Event Volunteer.

If you are a returning volunteer; what, where, and for how long was your last assignment?:

\_\_\_\_\_

**ASSIGNMENT REQUEST:** I would like to help in the following areas:

- NRA Annual Meeting of Members
- Local NRA events in my area, no more than \_\_\_\_\_miles from my home.
- NRA Competitive Shooting Championships
- NRA Headquarters in VA
- OTHER (please list event)\_\_\_\_\_
- UNSURE, please contact me when opportunities are available and I will make my decision then.

**CONTACTING ME REQUEST:** I prefer to be contacted via:

- Email
- Phone
- Mail (USPS)

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**GUARDIAN PERMISSION:**

This statement must be signed by the parent or legal guardian of the volunteer (If the volunteer is under 18 years of age):

I, (*please print*) \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby give permission for my child to volunteer at NRA Headquarters applied through this application.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**APPLICANT SIGNATURE:**

I, (*please print*) \_\_\_\_\_, certify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**Mail completed application to:**

NRA Competitive Shooting Division  
Attn: Volunteer Department  
11250 Waples Mill Road  
Fairfax, VA 22030

**FAX:** 703-267-3941

**EMAIL:** [volunteer@nrahq.org](mailto:volunteer@nrahq.org)