



## FLYING ACES APPLICATION FORM

**Full Name** \_\_\_\_\_

**Preferred name for name tag** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Relationship to Contact** \_\_\_\_\_

**Emergency Contact: Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_

**Language spoken other than English** \_\_\_\_\_

Mail to: Flying Aces  
One Terminal Drive, Suite 501  
Nashville, TN. 37214-4114  
615-275-4522

**How many shifts are you interested in working per week?**

**1      2      3      (Circle one)**

**What days/hours are you available to work? (Circle one or more)**

**Mornings    Afternoons    Evenings    Weekends**

**Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday**

**Starting Times: 6A 7A 8A 9A 10A 11A 12N 1P 2P 3P 4P  
(four hour shifts) (Circle preferred starting time)**

**Are you likely to call in absent in bad weather conditions?    Yes    No**

**Are you willing to be on-call in bad weather conditions?    Yes    No**

**Do you have any special skills or interests you would be willing to share that might be useful to the Flying Ace Program? I.E. computer, medical background?**

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**Are there any upcoming days/weeks during which you will be unable to fulfill your shift?**

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**Who referred you to the Flying Ace Program?\_\_\_\_\_**

**Signature\_\_\_\_\_Date\_\_\_\_\_**