APPLICATION FOR ENROLLMENT TO
FAIRBANKS AVIATION
EXPLORER POST 747

SPONSORED BY

Fairbanks International Airport
Operators Council

______________________________
NAME (PRINT)

_____________________
DATE

APPLICATIONS AND QUESTIONS MAY BE EMAILED TO
FAIEXPLORERPOST747@GMAIL.COM
Our Mission:
To provide positive and meaningful real-world aviation career experiences and leadership development opportunities for all teenagers and young adults.

Aviation Explorer Post 747
Application

Date of Application_________________

NAME: ___________________________________________ Date of birth: ____________Age:_____
(Last) (First) (Middle)

Address___________________________________________________________________________________
(Number) (Street) (City) (State) (Zip)

Home Phone ______________________Cell Phone ______________________

Email Address:_______________________________________________________________________________

How did you find out about Aviation Explorer Post 747?  ___________________________________________

SCHOOL INFORMATION

School_________________________________________________ Grade________________ GPA___________
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor ______________________________________________ Phone Number________________________

***Application must include a copy or print out of most current report card or transcript. If no longer in school, a letter or reference/recommendation to this program must be attached***

EMPLOYMENT INFORMATION

Employer______________________________________________ Phone Number_________________________
(List business name and current supervisor)

Address_____________________________________________________________________________________
(Number) (Street) (City) (State) (Zip)

LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

1. NAME ______________________________________ PHONE __________________________
ADDRESS________________________________________ RELATIONSHIP ________________

2. NAME ______________________________________ PHONE __________________________
Applicant Name:_______________________

ADDRESS__________________________________________________RELATIONSHIP___________________

PARENT(s) /GUARDIAN INFORMATION

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN

MOTHER’S NAME _______________________________ CELL PHONE________________________

EMAIL ADDRESS_____________________________________________________________

FATHER’S NAME _______________________________ CELL PHONE________________________

EMAIL ADDRESS_____________________________________________________________

GUARDIAN’S NAME_____________________________ DAY TIME PHONE ______________________

EMAIL ADDRESS_____________________________________________________________

The information in this packet is accurate to the best of my knowledge____________________________________

(Applicant’s signature)

This information has been reviewed and verified by___________________________________________________

(Parent’s/guardian’s signature required if under 18 yrs of age)

Will your parents support your involvement in this program? ______________________________

Are you willing and able to attend monthly meetings? _______________

Are you willing and able to participate in community service projects? ____________________

Annual Dues are $75.

Personal Statement

Consider carefully, and explain in the space provided below why you wish to join Aviation Explorer Post 747, why aviation interests you and why the committee should choose you.

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Applicant Name: _______________________

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Talent Release Agreement

I hereby assign and grant to FAI Aviation Explorer Post 747 the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by FAI Aviation Explorer Post 747 and I hereby release FAI Aviation Explorer Post 747 from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of FAI Aviation Explorer Post 747, and I specifically waive and right to compensation I may have for the foregoing.

[ ] Yes

[ ] No

Participants Name ________________________________________________ Date ___________________
Participants Signature ____________________________________________ Date ___________________
Parent/Guardian Signature for youth ________________________________ Date ___________________