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**VOLUNTEER APPLICATION**

Our organization encourages and depends on the participation of dedicated volunteers who support our mission. If you are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer placement within our organization. Thank you for your interest in Roll Call.

**CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Work Experience: \_\_\_\_\_\_\_\_\_ Previous Volunteer Experience: □ Y □ N

Military Experience (Branch, Dates of Service, Rank at Discharge, Engagements): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AVAILABILITY**

Why do you want to volunteer for Roll Call?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate days available: Mon Tues Wed Thur Fri Sat

Times available: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact & number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERESTS**

We have several ways you can assist our organization. Please check all that interests you.

□ **Mail Call:** mailing birthday cards to veterans, thank you notes for Veterans Day, and

other special occasions.

□ **Monthly Veterans Luncheon:** working the sign-in table, giving attendees their name tags, having new

attendees fill out an information sheet so we may include them on our rosters. Helping serve the meals

and bussing the tables, refilling drinks, and attending to other needs of the veterans during the luncheons.

□ **Veteran Outreach:** Meet a vet and befriend them; call them to chat; go by and visit them at their home,

maybe take them to lunch, have your family meet the veteran, and hear his/her incredible stories from the

war.

□ **Veteran Profiles:** Dedicated to promoting appreciation and preserving a detailed picture of the lives &

service history of our Roll Call veterans. Assist in gathering information and photographs of our veterans to be shared on our Facebook Page as “Profile of a Veteran.”

□ **Community Outreach & Education:** Help coordinate presentations to community groups,

organizations, schools, professional organizations, other charity groups to help educate others about our

veteran's experiences, and the mission, goals, and programs of Roll Call.

□ **Fundraising/Fundraising Events:** Assist in raising money for the organization by providing

networking opportunities for Roll Call Board, help with community fundraising events, securing

sponsors for events and working events.

□ **Other:** Please indicate other ways you can help.

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Have you ever been arrested for a crime? □ Y □ N If yes, what were the charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If interested in the Veteran Outreach program or other activities which may require you to transport a veteran to the luncheon or other activity, please make a copy of your automobile insurance card to this application.

*As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_