



WHERE EVERY DAY IS VETERANS DAY

VETERANS HELPING VETERANS USA

2730 East Silver Springs Boulevard #200

Ocala, Florida 34470

www.vhvusa.org 352-433-2320 info@vhvusa.org

VOLUNTEER APPLICATION / PLEASE PRINT ALL INFORMATION

NAME _____ DOB ____/____/____ (mm/dd/yyyy)

ADDRESS _____ GENDER M or F (circle one)

CITY _____ ST _____ ZIP _____

PHONE ____ (____) _____ SOCIAL SECURITY NUMBER ____ - ____ - ____

EMAIL ADDRESS _____

DRIVER LICENSE OR STATE ID # _____ STATE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE ____ (____) _____

ARE YOU A VETERAN? YES or NO (circle one) U.S. CITIZEN? YES or NO (circle one)

DAYS AVAILABLE TO VOLUNTEER M TU W TH F S (circle all that apply)

Have you ever been convicted of a felony or a misdemeanor? YES or NO (circle one)
(if yes, use reverse side)

Do you have any restrictions and/or limitations of service? YES or NO (circle one)
(if yes, use reverse side)

Please list any related experience and/or training use reverse side

To be considered for a volunteer position with Vets Helping Vets USA, I understand the info I provide will be used to conduct a background investigation at no cost to me.

APPLICANT SIGNATURE

____/____/____
DATE



Please print information about felony/misdemeanor convictions (dates/locations/adjudications)

Please print information about restrictions and/or limitations of service:

Please print information about related experience and/or training:

The applicant has been provided basic and assignment specific orientations which have been documented in the official personnel file.

STAFF SIGNATURE

___/___/___

DATE

FOR INTERNAL USE ONLY

Hired	_____	Background Check	_____	Orientation Date	___/___/___
Not Hired	_____	E-Verify (staff)	_____	To File	_____