

Forgotten Soldiers Outreach Volunteer Information Sheet

(Please print clearly)

Contact Information

First Name: _____ Last Name: _____

Address: _____

City, Zip: _____ County: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

(BY FILLING OUT THIS FORM YOU AUTHORIZE FORGOTTEN SOLDIERS OUTREACH TO CONTACT YOU VIA EMAIL.)

Are you a Student that is doing Community Service Hours? _____

Are you a member of a Club or a Representative of a Company? _____

If so, what Club or Company do you represent? _____

Are you a Veteran? _____ If so, what Branch of Service: _____

Availability:

(Please circle all that are convenient)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours _____

Areas of Interest:

(Please check all that are of interest)

_____ Packing Event	_____ Inventory	_____ Misc
_____ Picking up Donations	_____ Office	_____ Sorting Donations
_____ Public Affairs	_____ Events	

Comments _____

Office Use Only:

Date Received: _____ Received by: _____

Data Base Entry By: _____ Date Entered: _____