



LIFE AFTER ACTIVE DUTY

VOLUNTEER APPLICATION AND AGREEMENT



This form needs to be filled out completely. Any entries proved to be untrue will make you ineligible to be a volunteer with Life After Active Duty.

DATE _____
LAST NAME _____ FIRST NAME _____ M.I. _____
EMAIL _____ DAYTIME PHONE _____
MAILING ADDRESS TO INCLUDE CITY, STATE, AND ZIPCODE _____

As an adult (age 18), have you ever been convicted of a misdemeanor, other than a traffic ticket, or a felony?
YES _____ NO _____

If Yes, you must complete this section to be considered for a volunteer position. Convictions are evaluated for each position and will not automatically disqualify you.

Date and Location of Conviction: _____
Crime Charge Code of Conviction: _____
Explanation: _____

(Use reverse for additional information or multiple convictions if needed)

Have you ever worked with the military/veteran community? If yes, briefly describe your activities.

(Use reverse for additional information if needed)

Identify the areas below in which you have some interest and/or skills to bring to your volunteer assignment. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> General clerical or administrative skills | <input type="checkbox"/> Knowledge of veterans centers, processes, operations |
| <input type="checkbox"/> Graphics, displays, advertising, and promotional materials | <input type="checkbox"/> Teaching, tutoring, specialized topics to veterans and their family members |
| <input type="checkbox"/> Data collection/management, record keeping, | <input type="checkbox"/> Financial literacy tutoring for adults and teens |
| <input type="checkbox"/> Fundraising activities | <input type="checkbox"/> Marketing and donor relations |
| <input type="checkbox"/> Public forum/town hall events | <input type="checkbox"/> Coordinating/scheduling other volunteers |
| <input type="checkbox"/> Working with adult veterans | <input type="checkbox"/> Working with female veterans |
| <input type="checkbox"/> Working with caregivers | <input type="checkbox"/> Working with youth/teens |
| <input type="checkbox"/> Computers, internet, computer networks | <input type="checkbox"/> Art and handicraft activities |
| <input type="checkbox"/> Assisting research studies for Post Traumatic Stress | <input type="checkbox"/> Other – specify on next page |

**LIFE AFTER ACTIVE DUTY
VOLUNTEER APPLICATION AND AGREEMENT (continued)**

DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

Specify other interests and/or skill areas not listed on previous page:

(use additional paper if necessary)

Additional conviction(s) information including Date, Location, and Crime Charge Code:

(use additional paper if necessary)

Continuation of your activities with the military/veteran communities:

(use additional paper if necessary)

Students/Volunteers under age 18: Parent/Legal Guardian Signature is required.

_____ [] LAAD Verification
Parent/Legal Guardian Signature Date

If you are fulfilling an academic requirement:

Hours required: _____ Completion Date: _____ School: _____

Acceptance and Approvals: As a volunteer, I have read, agree, and understand the Life After Active Duty "Confidentiality Policy". I also understand that violating the policy may result in possible dismissal from my volunteer position.

_____ [] _____
Volunteer Signature Date LAAD Approval and Date