

VFW Veterans Village 13005 NE 135th Street, Fort McCoy, FL 32134 352-236-0823 Volunteer Application

NAME:		
ADDRESS:		
City:	State:	Zip:
TELEPHONE (CELL)		
E-MAIL ADDRESS:		<u></u>
VFW/Auxiliary member? _	(If yes) VFW Po	ost #
*You do not have to be a V	'FW member to volunteer	
Please tell us why you wou	ld like to volunteer with us.	
Do you have previous volu	inteer experience? YES	. NO
What areas are you interes	sted in volunteering?	
Do you have a valid Driver	's License? YES NO	
(If yes) License Number		
Have you ever been convic	cted of a criminal offence?	YES NO
If you answered yes, pleas	e give details	
VOLUNTEER OPPORTUNITI		
Available days: Please list		
Which wook days Monday	_ Eriday	

Weekends	Saturday or Sunday			
Available	: Mornings	Afternoons	Evenings	
REFERENCE	ES .			
Name	me Phone:			
	How do you know each other?			
E-mail:	il: How do you know each other?			
	Co	onfidentiality: Volunt	eer	
liv 2. Er	es and their experiences v	while in the facility.	to privacy regarding their personal dential and it is not to be shared	
3. Re	esolve any concerns from r		visitors or volunteers to be Village Operations Manager.	
understan affiliates o problem v	d that I will be volunteerin annot assume any respons	ng at my own risk ar sibility for any liabili volunteer work I pre	to the policies & procedures. Ind the organization, employees and ity for any accident, injury or healtheform for the organization.	
I understa policy.	nd and verify the informa	ation to be true and	understand the confidentiality	
 Signature		Da	te	
Parent/Gu	ardian (if under 18)	 Dat	e	

Thank you for your time to volunteer for our veterans it means the world to them and us.

To set up a meeting just mail your application to us or you can e-mail it to the Operations Manager

Mike Cline at: mcline@vfwveteransvillage.org