



Eglin Fisher House Volunteer Service Application  
(Please print clearly.)

**Application Date (mm/dd/yyyy):** \_\_\_\_\_ **Full Name:** \_\_\_\_\_

**(Rank or Title)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Military Status:** \_\_\_ Active Duty \_\_\_ Family Member of Active Duty

\_\_\_ Retired Military \_\_\_ Family Member of Retired Military

**Branch of Service:**

\_\_\_ Air Force \_\_\_ Army \_\_\_ Marine Corp \_\_\_ Navy \_\_\_ Coast Guard

If Military, what is your supervisors name and contact info:

\_\_\_\_\_ Unit \_\_\_\_\_

\_\_\_ Civilian DL # \_\_\_\_\_ State \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_

*To volunteer on Eglin AFB, we must request access, so please provide your driver license number and state of issue and your date of birth.*

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**Two References (Non-Family References):**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Previous Volunteer Experience (attach more pages if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Background / Special Training (attach more pages if necessary):**

\_\_\_\_\_  
\_\_\_\_\_



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**Interests / Skills / Talents / Hobbies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Languages Spoken (including Sign Language)** \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Ph. #s: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Do you wish to Volunteer:**

\_\_\_ On a regular basis      \_\_\_ On an "As needed" basis for particular activities

**Preferred frequency of volunteering:**

\_\_\_ Weekly   \_\_\_ Monthly   \_\_\_ Occasionally   \_\_\_ Special Events

**Hours available to Volunteer:**

\_\_\_ Morning   \_\_\_ Afternoon

**Do you have your own transportation:**

\_\_\_ Yes   \_\_\_ No

**Is your Volunteer Time Court Ordered?**

\_\_\_ Yes   \_\_\_ No

**\*Have you ever been convicted of a felony?**

\_\_\_ Yes   \_\_\_ No

\*If "Yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Jobs in which you are interested at Lackland Fisher House:**

- |  |  |
|--|--|
| ___ Assist with donation drives  | ___ Assist with stocking kitchen & pantry  |
| ___ Assist with evening meals  | ___ Assist with the Golf Tournament        |
| ___ Assist with development of special events and/or programs for guests | ___ Assist with the Volunteer Luncheon     |
| ___ Assist with development of special programs                          | ___ Fold & put away laundry                |
| ___ Assist with clean up days  | ___ Help coordinate continental breakfasts |
|  | ___ Help coordinate brown bag lunches      |

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

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

Date of Action Taken: \_\_\_\_\_ Approved by: \_\_\_\_\_