



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.

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 Eglin Fisher House:

- | | |
|--|--|
| ___ Assist with donation drives | ___ Assist with stocking kitchen & pantry |
| ___ Assist with evening meals | ___ Assist with the Gala, October each yr |
| ___ 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: _____