

Veterans Overwatch Foundation PO Box 1 Sarver, PA 16055

Volunteer Application

Complete all sections of this form, print and return by mail, email, or in person to Veterans Overwatch Foundation.

Volunteer Information									
Name (last	, first)						Ι		
							o:. /=		
Mailing Add	dress						City/Town		
State			Zip Code			Phone #			
2-ip 0000						Preferred method of contact			
Email						□ Phone	□ Phone □ Text □ Email		
Emergency Contact Name					Phone #				
Volunteer	Experience	ce							
Organization		Responsibilities			From (month/year)		To (month/year)		
DI:	+- (4) 40	ur availabilit	27						
Please indicate (☑) yo				Thursday	Friday	Coturdou	Cundou		
Marning		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning Afternoon		П		П					
Evening									
Current Volunteer Oppo)pportuniti		<u> </u>	<u> </u>	<u> </u>		_	
	n Planting F								
	☐ Ability to move heavy objects								
	☐ Ability to pack boxes								
	☐ Ability to load moving truck or trailer								
□ Other									
Please provide any further information that you would like us to consider when determining your volunteer									
placement.									
Acknowledgement/Privacy Statement									
I declare the information provided in this application is true and complete. Your privacy is our priority. The personal information you have provided will help us process you as a valued volunteer and will be treated									
-	_	ou have pro	vided will he	elp us process	you as a va	lued volunte	eer and will I	e treated	
as confider	ntial.		In			D-1- /	(month day your)		
Signature						Date (month-day-year)			