



Volunteer Information Sheet

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Cell #:** _____ **Fax #:** _____

Email Address: _____ **Best Time to Call:** _____

Areas Willing to Volunteer In: (circle all that apply)

Food Shelter Handyman Utilities Transportation

Other: _____

Additional Information:

Member of: (circle all that apply)

American Legion Disabled American Veterans (DAV) Veterans of Foreign War (VFW)
American Legion Auxiliary DAV Auxiliary VFW Auxiliary Not a Member of Any

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Available Times: Morning Midday Afternoon Evening Night On-Call