

# Odin's Outcasts

You are NEVER Alone!

For Official Use Only

Date Received: \_\_\_\_\_, 20\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

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

## MEMBERSHIP APPLICATION

Odin's Outcasts provides equal membership opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, and attach any supporting documentation.
- Sign and date your application.
- Type or print all requested information.
- Submit your application to: [helpandsupport@odinsoutcasts.org](mailto:helpandsupport@odinsoutcasts.org)

### Personal Information

1. Name (Last, First Middle)	3. Social Security # XXX - XX -	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number ( ) -	7. Alternate Telephone ( ) -
Address (City, State, Zip Code)	5. Email Address <u>(for internal use only)</u>	

### General Information

Are you a United States Veteran?  Yes  No  
*(if yes, verification will be required)*

If answered yes above, please select branch of service & list years served

United States Air Force  United States Army  United States Coast Guard  United States Marine Corp  United States Navy

Totals Years Served? \_\_\_\_\_,  
From \_\_\_\_\_ to \_\_\_\_\_, From \_\_\_\_\_ to \_\_\_\_\_

Have you ever deployed to a combat theater?  Yes  No  
If so, when? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
What Theater? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Are you willing to provide documentation to support your answers?  Yes  No

Have you ever applied for Membership with Odin's Outcasts before?  Yes  No  
If so, when?

Are you willing to help make a difference by Volunteering?  Yes  No

## Membership Request

Minimum Hours Willing to Volunteer:  
Weekly \_\_\_\_\_, Monthly \_\_\_\_\_,

If applicable, are you available for our  
**No One Left Behind** Program?  Yes  No

What is the earliest date you can begin helping? \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about US?

Member  Facebook  Twitter  Instagram  Newspaper  Website  Other \_\_\_\_\_

### Personal History

*\*Please be as accurate as possible*

Are you currently a member of any other Veteran organizations?  Yes  No

Are you currently enrolled with the Department of Veteran Affairs?  Yes  No

What is your service rating? \_\_\_\_\_%

Are you currently retired?  Yes  No

Is your retirement service related?  Yes  No

Do you have an active Support Group?  Yes  No

Are you currently employed?  Yes  No

If Yes, whom are you employed with? \_\_\_\_\_

What type of work do you currently perform? (This could include skilled hobbies)

Are you happy with your current employer?  Yes  No  N/A

Are you currently seeking new employment?  Yes  No

Type of work you are seeking.  Full-Time  Part-Time

In what field are you seeking employment?  N/A

(Expertise, background) \_\_\_\_\_

### Education

	School Name	Location: City, State	Course of Study	Degree Obtained
High School/GED				
College/University				
College/University				
College/University				
Graduate School				
Vocational / Specialized				

### References (List at-least 3 Reference that we can contact)

Name	State	Relationship	Contact Information (Phone Number & Email)

**Signature / Certification**

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, for the immediate termination of my membership. I authorize Odin's Outcasts to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Odin's Outcasts by any of the schools, References, or employers listed on this application.

**Signature:**

**Date:**