HEROESCREST

Operation Heroes Corporation

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with HeroesCrest. Complete this application fully. Submission does not guarantee placement; assignments depend on organizational needs, qualifications, availability, safety requirements, and applicable policies.

1. APPLICANT INFORMATION	
Full Legal Name	
Preferred Name	
Date of Birth	
Street Address	
City / State / ZIP	
Phone	
Email	

2. EMERGENCY CONTACT	
Name	
Relationship	
Primary Phone	
Alternate Phone	

3. VOLUNTEER INTEREST & AVAILABILITY

Areas of interest: ☐ Events & Fundraising ☐ Community Outreach ☐ Administrative Support ☐ Donation / Supply Support ☐ Program Support ☐ Facility / Logistics Support ☐ Other: _____

Days Available	
Times Available	
Desired Frequency	
Available Start Date	

Why would you like to volunteer with HeroesCrest?

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VOLUNTEER APPLICATION – CONTINUED

4. EXPERIENCE & QUALIFICATIONS

Relevant employment, volunteer, military, public service, education, training, or other experience:

Skills, certifications, licenses, or qualifications:

Valid Driver's License?	☐ Yes ☐ No
CPR / First Aid?	☐ Yes ☐ No
Other Certifications	

5. PLACEMENT & SCREENING

Some assignments may involve confidential information, vulnerable populations, organizational property, vehicles, funds, or restricted areas. Additional screening, training, documentation, or background checks may be required.

Age 18 or older?	☐ Yes ☐ No
Can perform assigned duties?	☐ Yes ☐ No ☐ With accommodation
Background Screening	☐ I understand screening may be required
Required Training	☐ I agree to complete required training

6. REFERENCES

Reference 1	Name: _____ Phone/Email: _____
Relationship	_____
Reference 2	Name: _____ Phone/Email: _____
Relationship	_____

7. APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that volunteer service is not employment and does not create an entitlement to wages, benefits, continued placement, or a particular assignment. I agree to follow applicable HeroesCrest and Operation Heroes Corporation policies, safety requirements, confidentiality requirements, and lawful instructions. False or materially misleading information may result in denial or termination of volunteer service.

Applicant Signature	_____
Printed Name	_____
Date	_____
Parent/Guardian Signature (if required)	_____

FOR HEROESCREST USE ONLY

Date Received / Reviewed By	_____
Placement / Department	_____
Status	☐ Approved ☐ Pending ☐ Not Placed
Screening / Orientation	Screening: ☐ Yes ☐ No Date: _____