



HATS OFF FOR VETERANS VOLUNTEER APPLICATION

"As you grow older, you will discover that you have two hands — one for helping yourself, the other for helping others." — Audrey Hepburn

Thank you for your interest in volunteering with Hats Off For Veterans! Our volunteers play a vital role in supporting veterans and enriching their lives. Please complete the following application so we can learn more about you and how you'd like to contribute.

PERSONAL INFORMATION

Full Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____

I am a veteran.
I am a disabled veteran. _____%
I am the spouse of a veteran.

EMERGENCY CONTACT

Name: _____
Phone Number: _____
Relationship: _____

PLEASE LIST ANY MEDICAL CONDITIONS

AVAILABILITY

Please indicate when you are generally available to volunteer:

Days Available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday Sunday

Times Available:

- Morning
- Afternoon
- Evening
- Other: _____

How often are you available to volunteer?

- Weekly
- Monthly
- As Needed
- Other: _____

VOLUNTEER INTERESTS

What type of activities would you like to help with? (Check all that apply)

- *Transportation for Veterans** Texas Driver's License Number: _____ Expires: _____
Our volunteers offer essential transportation services for veterans who are unable to drive, ensuring they can attend important appointments and community events with ease and peace of mind.
- Visiting Veterans** (nursing homes, hospitals, etc.) *Our dedicated volunteers spend meaningful time with veterans in nursing homes or hospitals. Whether it's playing board games, taking a walk, sharing a meal, or simply providing companionship, these visits offer veterans the comfort of connection and support during their stay.*
- Assisting with Events and Fundraisers**
- Administrative Support**
- Skills-Based Volunteering** (Cooking, Sewing, Reading, etc.)
- Services-Based Volunteering** (Accounting, Grant Writing, Legal, Resume, etc.)
- Other** (Please describe): _____

RELEVANT SKILLS AND EXPERIENCE

Please list any skills, certifications, or previous experience that might help us match you with the right volunteer opportunity (e.g., driving, event planning, veteran support, etc.):

WHY WOULD YOU LIKE TO VOLUNTEER WITH HATS OFF FOR VETERANS?

Please tell us why you are interested in volunteering with Hats Off For Veterans and how you hope to contribute to our mission.

REFERENCES

Please provide the name and contact information for two references:

Personal Reference:

Name: _____
Phone: _____
Email: _____
Relationship: _____

Professional Reference:

Name: _____
Phone: _____
Email: _____
Relationship: _____

AGREEMENT AND SIGNATURE

By checking this box and signing below, I acknowledge that the information provided in this application is accurate and complete to the best of my knowledge. I understand that a *background check may be required for certain volunteer roles.

Signature: _____ Date: _____