

The Jacqueline Smith Foundation

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## Professional Portfolio Assistance Form

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**NOTE: THIS INFORMATION IS CONFIDENTIAL**

DD214 # \_\_\_\_\_ DoD ID# \_\_\_\_\_ Branch of Service \_\_\_\_\_

Date: \_\_\_\_\_ Purpose For Headshot: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Relationship Status: \_\_\_\_\_ Age: \_\_\_\_\_

Home / Mobile Phone: \_\_\_\_\_ Is it ok to leave a message? Y/N

Work: \_\_\_\_\_ Is it ok to leave a message? Y/N

Email Address: \_\_\_\_\_ Is it ok to email you? Y/N

Ethnicity:  White  African American  Hispanic  Asian  Pacific Islander  Alaska Native — Decline to Answer

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Current Occupational Status:  F/T  P/T  Self-Employed  Student  Unemployed

Are you in need of employment assistance? \_\_\_\_\_

Are you in need of food, clothing, or hygiene assistance? If yes, please explain \_\_\_\_\_

Would you like to register for our FREE Financial Literacy and Navigation of Veterans Resource Class? \_\_\_\_\_ # of Family Members \_\_\_\_\_

**FOR OFFICE USE ONLY**

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**DATE OF SHOOT** \_\_\_\_\_ **TIME OF SHOOT** \_\_\_\_\_