

# Black Alpha Directive Assembly - Volunteer Application Form

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## Section 1: Basic Information

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Full Name:

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Date of Birth:

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Phone Number:

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Email Address:

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Home Address:

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Preferred Method of Contact (Phone/Email):

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Best Time to Reach You:

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Do you understand that this is an all-minority program run by minorities for the service and empowerment of minorities? (Yes/No)

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## Section 2: Skills & Availability

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Please list your professional skills or areas of expertise:

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Do you have experience training others? If so, please describe your experience:

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Have you ever held a management or leadership role? If so, in what capacity?

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Are you currently certified or licensed in any field? (Yes/No - please list):

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Availability (Days/Times):

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Are you willing to travel or work remotely as needed? (Yes/No):

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## Section 3: Volunteer Interests

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Please select the areas you are most interested in volunteering (Check all that apply):

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- Legal Aid

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- Medical Support

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- Gardening/Farming

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- Self-Defense Instruction

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- Security/De-escalation

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- Physical Training

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- Emergency Response/Survival Training

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- Community Outreach & Education

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- Other (Please Specify):

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Section 4: Personal References (Non-family) (The nature of the inquiry will be kept confidential)

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Reference 1 Name:

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Relationship:

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Phone Number:

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Email:

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Reference 2 Name:

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Relationship:

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Phone Number:

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Email:

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Reference 3 Name:

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Relationship:

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Phone Number:

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Email:

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Section 5: Professional References (The nature of the inquiry will be kept confidential)

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Reference 1 Name:

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Company/Organization:

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Phone Number:

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Email:

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Reference 2 Name:

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Company/Organization:

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Phone Number:

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Email:

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Reference 3 Name:

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Company/Organization:

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Phone Number:

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Email:

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