



## Volunteer Application

**Veterans Awareness Transition Corporation (VAT)** encourage volunteers to sign-up and support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we invite you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering

Administration

Events

Program

Fundraising

Deliveries

Communication

VAT Food Bank

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Please indicate days available: Mon. Tues. Wed. Thur. Fri. Sat.

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

*As a volunteer of VAT I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_