



Armed Forces Retirement Home - Volunteer Services Community Volunteer Application

(Please Print)

Application Date: _____

First Name: _____ **Last Name:** _____ **MI:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Age:** _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

E-mail Address: _____ @ _____ . _____

Current Occupation: _____

If Military Volunteer:

Base Stationed: _____

Command: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Commanding Officers Rank & Name: _____

Interests, Skills, and Training you would like to share: _____

Volunteer Experiences: _____

Are you CPR Certified: YES NO Date of Card Issue: _____

Days & Times preferred to Volunteer: 7am-4pm and evenings for special events. Check all that apply.

Mon: _____	Morning	Afternoon	Evenings	Anytime
Tues: _____	Morning	Afternoon	Evenings	Anytime
Wed: _____	Morning	Afternoon	Evenings	Anytime
Thurs: _____	Morning	Afternoon	Evenings	Anytime
Fri: _____	Morning	Afternoon	Evenings	Anytime
Sat: _____	Morning	Afternoon	Evenings	Anytime

Events / Holidays:

_____ New Year's	_____ Independence Day
_____ Valentines	_____ Thanksgiving
_____ Open House	_____ Christmas
_____ Memorial Day	_____ Mardi Gras – Gulfport
_____ Veteran's Day	_____ Senior Prom – Gulfport

Specific Volunteer Interests: (check all that apply)

___ Event Escort (on Campus)	___ Pet Therapy
___ Trip Escort (off Campus)	___ Event Musician
___ Long Term Care	___ Bingo
___ Admin Work	___ Socials/Dances
___ Recreation Therapy (Games/Exercise)	___ Food Service/Decorations
___ Gardening – Washington D.C.	

How did you hear about our Volunteer Program?

OR

Referral:

Name: _____

E-Mail: _____@_____._____

Phone: (_____) _____-

All information is confidential. Your personal information or email address will NOT be released to any third party or marketing companies. Thank you for your interest in the AFRH Volunteer Program.

FOR VOLUNTEER COORDINATOR USE ONLY

Background Check Submitted: _____

Background Check Returned: _____

E-mailed Volunteer for PPD test appointment: _____

Response Date: _____

Date of PPD as confirmed with the Wellness Center: _____

Date of Reading: _____

Date of Volunteer Orientation: _____

Date Volunteer Badge was issued: _____

PPD must be renewed in: _____



ARMED FORCES RETIREMENT HOME

PAO/Marketing #584
3700 N. Capitol Street, NW
Washington, DC 20011-8400

Media Release Form

Photo, Media and Copyright Release

I grant Armed Forces Retirement Home, its representatives and employees the right to take photographs, and/or video of me and my property during activities at the AFRH campus. These photographs/videos/audios will remain the property of AFRH and may be used in advertising or marketing campaigns on AFRH's websites, social media and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, and TV or cable interviews/promotions.

I understand that I will not be identified by name unless I give my express permission. I hereby waive and release, any rights to compensation for, or ownership of, such images.

I have read and agree to the terms and conditions of this Photo, Media and Copyright release.

_____ Use my name

_____ Do not use my name

Participant *(please print clearly)*

Signature

Date

Parent/Legal Guardian *(please print clearly and sign)*

Organization Name

Address