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)  ___ Trip Escort (off Campus)  ___ Pet Therapy
___ Long Term Care  ___ Admin Work  ___ Event Musician  ___ Bingo
___ Recreation Therapy (Games/Exercise)  ___ Socials/Dances  ___ 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: ___________________________________________________
**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.

<table>
<thead>
<tr>
<th>Use my name</th>
<th>Do not use my name</th>
</tr>
</thead>
</table>

| Participant (**please print clearly**) |

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Organization Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>