



Veteran Response Team



Scan the QR code to join the group



Volunteer Information Sheet

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Fax #: _____

Email Address: _____ Best Time to Call: _____

Areas Willing to Volunteer In: (circle all that apply)

Food

Shelter

Handyman

Utilities

Transportation

Other: _____

Additional Information:

Member of: (circle all that apply)

American Legion

Disabled American Veterans (DAV)

Veterans of Foreign War (VFW)

American Legion Auxiliary

DAV Auxiliary

VFW Auxiliary

Not a Member of Any

Other: _____

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Available Times: Morning Midday Afternoon Evening Night On-Call