



HOUSE A VET

VOLUNTEER REGISTRATION

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Military Service (Branch and dates served) _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available	<input type="checkbox"/> Mornings (Mon-Fri)	<input type="checkbox"/> Afternoons (Mon-Fri)	<input type="checkbox"/> Evenings (Mon-Fri)
	<input type="checkbox"/> Weekends	<input type="checkbox"/> Once A Week	<input type="checkbox"/> More Than Once A Week
	<input type="checkbox"/> One Time Only	<input type="checkbox"/> As Needed	<input type="checkbox"/> OTHER

I Could Serve More Than One Person: ☐ Yes ☐ No

SECTION IV

Do You Have A Valid (State) Driver's License? ☐ Yes ☐ No

License Number: _____ Vehicle License Plate Number _____

Do You Have Any Physical Condition that May Limit Your Activities? ☐ Yes ☐ No

If Yes, Describe: _____