



Veteran Females United

Volunteer Registration Form

(Please Print)



VOLUNTEER INFORMATION			
Last name:	First:	MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Sex	Birth Date	Age	Cell phone no.:
E-mail Address:		Home phone no.:	
Home Address:		Mailing Address	
City		State	Zip code:
Occupation:	Employer:	School attending (<i>if applicable</i>):	If yes: <input type="checkbox"/> Part time <input type="checkbox"/> Full time

SERVICE INFORMATION (<i>If applicable</i>)				
Branch of Service	Status	Service Dates		Type of Discharge
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard	Entry Date:	Release Date:	
Member of an Organization? If so, which one?				

IN CASE OF EMERGENCY			
Name of friend or relative (not living at same address):	Relationship to member:	Home phone no.:	Work phone no.:
Street Address:	City:	State:	Zip Code:
<p>The above information is true to the best of my knowledge. I understand all forms required have been/will be submitted for verification before membership is approved. I authorize Veteran Females United to release any information required to process statistical data.</p>			
<hr style="border: none; border-top: 1px solid black;"/> <i>Applicant Signature</i>		<hr style="border: none; border-top: 1px solid black;"/> <i>Date</i>	

PHOTO RELEASE STATEMENT

I do hereby give VFU, its assignees, licensees, and legal representative the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manners, for the advertising, trade or in any other lawful purpose for the benefit of the VFU. I do hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website, which may be created in connection therewith.

I certify that I am eighteen (18) years of age or older. I understand that concerning unauthorized publication of my image must be pursued by me against the unauthorized user. VFU disclaims any responsibility for such unauthorized publication of my image. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them and agree to be bound by them. I voluntarily and irrevocable give my consent and agree to this release and waiver.

Member Signature: _____ Date: _____

