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| 4W2H.8.png | 4 Wheel to Heal |  |

Volunteer Application / Evaluation.

**Personal Information:**

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| **Name:** Last, First, Middle Initial. | **Date of Application:** |
| **Address:** Street |
| City: | State: | Zip code: |
| **Email Address:** | **Phone Number:** |

**Education: Military Experience:**

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| Circle Highest attended | Enlisted / Officer (Circle) |
| High School / Undergraduate / Graduate | **Branch (Circle)** |
| Other Educational Experience: | **Army** | **Navy** |
| **Air Force** | **Marines** |
| College Attended: | **Guard / Reserves**  | **Coast Guard** |
| Years of Service: |
| Home Town: | Honorable discharge: Yes / No |
| Deployed (OIF / OEF)?: Yes / No |

**Questionnaire:**

What sparked your interest in this organization?

What “Value” can you bring to this organization?

Have you ever worked for a Non-Profit organization before? List the NPOs:

What interests you about 4 Wheeling / Mud Bogging / Rock Crawling?

Do you have an off-road vehicle? If so, please describe it, including any modifications and safety upgrades. Would you be willing to drive some veterans? Please include your experience:

Have you ever been convicted of a felony? If so please explain:

Please use the remainder to explain anything you may have wanted to add:

**We have specific Volunteer Corps within the organization. Please chose 3 that you would be interested and once added to the organization a lead from one of these Corps will contact you.**

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| **Event Coordination** | **Warrior Liaison** |
| **Communications (Website, Email responses)** | **Sales/Merchandise** |
| **Media (Social Media, newsletters)**  |  |

**Advisory:** A check of the volunteer applicant’s criminal history could be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime.

The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

“I certify that all information submitted by me on this application is true and complete.

I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time.

In consideration of my volunteer application, I agree to adhere to the policies and regulations of 4 Wheel To Heal, Inc., and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by 4 Wheel To Heal, Inc.”

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| Sign Full Name: |