FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Local Veterans Assistance Program Volunteer Form

1. Chapter Name _____ 2. State _____

3. Last Name _____ First _____ Middle _____ 4. Last 4 of SSN _____

5. Current Address _____ 6. Birthdate _____

7. City _____ 8. State _____ 9. ZIP Code _____

10. Home Phone Number _____ 11. Cell Number _____

12. Email Address _____

Please Check One

13. ☐ Youth
14. ☐ Veteran
15. ☐ Immediate Family Member of Veteran
16. ☐ Aux Member
18. ☐ DAV Member
19. ☐ Professional _____
20. ☐ Other _____

INSTRUCTIONS
NOTE: Complete information is important to ensure your records are updated correctly.

Item 1	Name of the Chapter where you volunteer (if applicable).
Item 2	State where it is located.
Items 3 thru 12	Provide full name, last four digits of social security number, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email adddress.
Item 13 thru 20	Check the Box indicating your status.