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FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Local Veterans Assistance Program Volunteer Form

This is form is for the first time entering information for a volunteer. This form must be completed before volunteer hours can be entered.
Enter their hours and activity on the other form.
Please complete all information for the volunteer. Please print clearly!

Date Started:

_______________ _____________ _________ **Missouri**
Month Year Chapter # State

___________________________ ____________________________ ____ ____________ ______-______-__________
Last Name First M. I. Last 4 of SSN Birth Month Date Year

____ ____ **Missouri** _____________
Current Address City State Zip

_____-_____________-_______________ _________-___________-_____________
Home Phone Number Cell Number

____
Email

Please Check One

☐ Youth ☐ Veteran ☐ Immediate Family Member of Veteran ☐ Auxiliary Member ☐ DAV Member
☐ Professional _______________________________________ ☐ Other ____

NOTE: Complete information is important to ensure your records are correct.
You can return this form by email, fax or mail.