

Vets Helping Vets HQ Volunteer Registration Form



(please print)

Date _____

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone - Cell ___ Home ___ Number _____

Email _____

Are you a veteran? Yes ___ No ___ Family member who is a veteran? Yes ___ No ___

Branch of Service _____

Dates of Service _____

War or Conflict _____

Skills: (MS Office, Book Keeping, Carpentry, Painting, Plumbing, Electrical, Transportation, Event Planning, Grant Writing, Yard Work, Companion, etc....)

Preferred method of contact. Phone _____ Email _____

May we contact you if your skills are needed? Yes ___ No ___ I will contact you when I am available.

Are you interested in training to become an advocate to help veterans file claims? Yes ___

Do you need help finding out if you are eligible to file a claim for benefits? Yes ___