



**FRIENDS OF THE FALLEN**

*Friends Helping Lift the Families of the Fallen*

# Volunteer Application

To provide assistance to Families of the Fallen Support Branch, AFMAO in fulfilling their mission of providing care, service, and support to the families of fallen service members who travel to Dover AFB to witness the dignified transfer.

## Contact Information

Name (Full first, middle, last)	
Address	
City, State, Zip	
Home Phone #	
Cell Phone #	
Work Phone #	
Email Address	
Driver's License/ID (State/#)	
SSN	
Date of Birth (YYYY/MM/DD)	

### Availability

Are you available for a 24-hour "on call" volunteer mission twice monthly? YES/NO

### Criminal History

Have you ever been convicted of a crime other than a traffic violation? YES/NO

Do you consent to a routine criminal record/background check? YES/NO

### Languages

Do you speak another language? This includes American Sign Language? YES/NO

Which languages do you speak? \_\_\_\_\_

## **Special Skills or Qualifications**

Summarize the special skills and qualifications that you'll be bringing to Friends of the Fallen.

## **Previous Volunteer Experience**

Summarize your previous volunteer experience, if any.

**Why would you like to volunteer with Friends of the Fallen? How did you hear about us?**

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**References: \*List 3 references whom you have known for 3+ years; only include 1 family member. \*\*\*Please inform all 3 that they will be contacted by a member of Friends of the Fallen Organization.**

Name	
Street Address	
City, State, Zip	
Home/Cell Phone	
E-mail address	
What is your relationship/how long?	

Name	
Street Address	
City, State, Zip	
Home/Cell Phone	
E-mail address	
What is your relationship/how long?	

Name	
Street Address	
City, State, Zip	
Home/Cell Phone	
E-mail address	
What is your relationship/how long?	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my ability. I understand that if I am accepted as a volunteer; any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal. Friends of the Fallen, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information will be held in the strictest confidence.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest with Friends of the Fallen.

Please mail completed application to:

Friends of the Fallen  
P.O. Box 2081  
Dover AFB, DE 19902

Or

Email to: [info@friendsofthefallen.org](mailto:info@friendsofthefallen.org)

Dated: August 2020