

NAAV Volunteer Application

Name _____

Home Phone _____

Home Address _____

Zip Code _____

Place of Employment _____

Work Phone _____

Occupation _____

Time Available (circle)

Morning Afternoon Evening

Days Available (circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer Activity in Order of Preference

1. _____

2. _____

3. _____

4. _____

Highest degree earned _____

Major _____

Special Skills, Foreign Language Capability, Interests, or Hobbies

Do you have use of a car _____

Rely on others _____

Use public transportation_____

Want walking distance only_____

Please specify any physical or medical limitations.

How many hours can you devote to volunteer assignment?

___Per Week ___Per Month For How Long___

Reason(s) for volunteering

How did you hear of us?

___TV ___Radio ___Newsletter ___Newspaper ___Friend

_____Other

Personal References (Name, Address, Phone)

1. _____

2. _____

3. _____

Emergency contacts, phone numbers, pertinent medical information that we should know, i.e., doctors phone numbers, etc.

.....
(FOR NAAV USE ONLY)

Interview Completed by _____ Date _____

Activity Referred to _____ Phone _____

Contact Person _____ Follow-up By _____

Date of Follow-up _____ Comments _____

Organization's Name, Address, Phone

NAAV Volunteer Survey Questionnaire

1. Why are you interested in volunteering?
2. What personal experience have you had with a nonprofit organization?
3. What would you like to get from volunteering?
4. What do you feel you can contribute to NAAV's work?
5. What are your hobbies and interests?
6. Can you make a commitment of at least six months to volunteering?
7. What would you like to know about NAAV, its supporters, and volunteering itself?
8. How does volunteering fit in with your present life situation?

Volunteer agrees to:

1. Attend initial training sessions sponsored by the collaborative partners.
2. Attend volunteer meetings.
3. Perform my volunteer duties to the best of my ability.
4. Adhere to organization rules and procedures, including record keeping.
5. Meet commitments, or provide adequate notice so that alternate arrangements can be made.

6. Make a commitment to be meaningfully involved in this program, with a performance review after six months and renewal to one year after conference with the Coordinator of Volunteer Recruitment for NAAV.

Date _____

Signed _____

Coordinator of Volunteer Recruitment agrees to:

1. Meet with volunteer in person or by telephone to make assignment(s).
2. Introduce volunteer to collaborative partners with volunteer programs and member of NAAV's volunteer staff, if possible.
3. Provide appropriate supervision and feedback if necessary.
4. Provide adequate information and assistance to collaborative partners concerning **{Constance: Are there words missing after "concerning"??}**
5. NAAV's volunteer selections for scheduled training and/or activities.
6. Respect the skills, dignity, and individual needs of the volunteer, and to do your best to adjust to these individual requirements.
7. Be open to any comments from the volunteer about how we might mutually better accomplish our respective tasks.
8. Treat the volunteer as a equal partner with the NAAV volunteer staff.

Date _____

Signed _____

About Us:

The National Association of American Veterans, Inc. provides emergency funds, counseling, training, employment, and housing assistance to severely wounded service members and disabled veterans and their families, particularly single parents injured in the Middle East war. NAAV is a 501 (c) (3) nonprofit organization; EIN number 68-0615923. The organization was incorporated in November 2005.

Our Mission:

NAAV is committed to assisting service members and disabled Veterans and their dependents,

particularly severely wounded warriors and single-parent service members and Veterans, by helping access their benefits; improving communication and coordination with the VA; and collaborating with the VA and other Veterans groups, health agencies, medical professional organizations, educational organizations, and the public in support of Veterans, their families, and military caregivers.

Objective:

To serve all service members and veterans who served and are serving in the United States Armed Forces with the following:

- Assisting eligible veterans with obtaining due benefits, counseling, single parenting, and emergency assistance.
- Empowering service members and disabled veterans by giving them access to information on education, housing, medical care, and job training and career coaching.
- Serving as an advocate for veterans' rights.
- Supporting the timely processing of VA disability claims for all veterans through partnerships with other veterans' groups.

Services:

- Emergency assistance referrals
- Counseling (anxiety, stress, post-traumatic stress disorder, bereavement, and pain management through Guided Imagery)
- Bus transportation to medical care, rehabilitation, and counseling
- Legal, housing, and employment assistance
- Medical care information, VA benefits and claims assistance
- Educational programs for service members, veterans, and their dependents

Vision:

To serve as a comprehensive nonprofit organization that values the honorable and selfless service of our nation's service members and disabled veterans.

Contact Us:

National Association of American Veterans, Inc. (NAAV)

1725 I Street, NW, Suite 300

Washington, DC 20006

Telephone: (202) 465-3296 • Fax: 202.583.2402

Toll Free: 1.866.559.VETS(8387)

Email: burnscl@verizon.net

Website: www.naavets.org

NAAV

Attention: Executive Director

P.O. Box 6865

Washington, DC 20020-9994

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