



WOUNDED WARRIOR PATROL

Volunteer Application

The Wounded Warrior Patrol is not affiliated or associated with Wounded Warrior Project in any manner and does not receive or share funding with that organization.

To be considered as a volunteer for the Wounded Warrior Patrol program, please complete the application below.

Applicant Information:

First Name: _____	MI: _____	Last Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address: _____				
City: _____	State: _____	ZIP: _____		
Occupation: _____				
Home Phone (enter as 717.555.1212): _____		Cell Phone (enter as 717.555.1212): _____		
E-Mail Address: _____				
			Best time to contact?	
			<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
How do you prefer to be contacted: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Any <input type="checkbox"/> N/A	
Emergency Contact Name: _____				
Home Phone (enter as 717.555.1212): _____		Cell Phone (enter as 717.555.1212): _____		
Volunteer areas of interest (check all that apply):				
<input type="checkbox"/> Administration	<input type="checkbox"/> Logistics/Operations	<input type="checkbox"/> Fundraising/Committee Chairs	<input type="checkbox"/> Ski Program	
<input type="checkbox"/> Other Special Events	<input type="checkbox"/> Where needed			

Skills and Abilities:

	Expert	Intermediate	Beginner	Not Applicable	Additional Comments
Alpine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Telemark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adaptive Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nordic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Office Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Skills (i.e. teaching certifications, languages, etc.): _____					
Experience with individuals with special needs (describe): _____					

Why are you interested in volunteering with Wounded Warrior Patrol?

Participant Buddy/Instructor Preferences (may select more than one)

- Children (age 5-12)
 Teens (age 13-18)
 Youth at risk
 Adults
 All

Medical History:

Pre-existing medical conditions:

List current medications:

List allergies:

Availability for Warrior Ski Event in February:

	Sun	Mon	Tues	Wed	Thurs
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteers for the Wounded Warrior Patrol, Inc. (WWP) are not covered under Workers Compensation insurance. The WWP will not accept or accrue any cost for injuries or medical conditions that arise or are exacerbated while volunteering for the organization. The WWP requires all volunteers to carry their own health insurance policy. All volunteers must complete an Acknowledgement of Risk and Release of Liability form annually. Additionally, all volunteers are required to complete a Volunteer Agreement/Contract and authorization for background check.

Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health care provider:
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/>	_____
Yes <input type="checkbox"/> No	
If you answered yes to the above, please explain:	

Today's date (enter as m/d/yy): _____	

Return this application as follows:

Scan and email copy to: tebski@aol.com, or return by U.S. Mail to:

**Wounded Warrior Patrol, Inc.
C/O Tom Buckwalter
608 Black Powder Drive
Lewisberry, PA 17339**

Questions? - See our website at: woundedwarriorpatrol.org