



Lackland Fisher House
GROUP Volunteer Service Application
(Please print clearly.)

Application Date (mm/dd/yyyy): _____ Main POC: _____

Group/Organization Name: _____

Address: _____
(Street) (City/State/Zip)

Phone: _____ E-mail: _____

Do you have access to Lackland AFB (via military ID)? ____ Yes ____ No

Number of group participants: _____ Ages of participants: ____ 12-18 ____ over 18

Names of Volunteers

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please indicate what type of commitment your group is considering?
____ One Time ____ Monthly ____ Seasonal

Has your group previously volunteered with the Fisher House? ____ Yes ____ No

How did you hear about this volunteer opportunity?: _____

Group Projects (please indicate your group's interest):

____ Provide Dinner for FH Guests ____ Gardening ____ Special Projects

____ Other (Please elaborate) _____

(Signature of Contact Person)

(Date)

*****FOR OFFICIAL USE ONLY*****

Date of Action Taken: _____ Approved by: _____