



Fort Benning Field Day for Tri-Community Exceptional Children VOLUNTEER APPLICATION

Name: _____

Primary Phone: _____

Mailing Address: _____

Unit/Organization: _____

Email Address: _____
(Our primary form of correspondence with you)

SHIRT SIZE: _____

Please check a box below:			
One-on-One Volunteer		Event Volunteer	

You will be assigned to an area:

By signing this document you acknowledge and agree that all the information provided is true and accurate on your behalf.

Signature

Date

Parent Signature for Minors (18 and under)

Signature

Date

POC: Dorrie Wagner at 706-545-1853 or dorrie.c.wagner.naf@army.mil