

**THE SOUTH ATLANTIC CENTER FOR VETERANS EDUCATION AND TRAINING, INC. (SACVET)**

**5<sup>TH</sup> ANNUAL OPERATION STAND DOWN**

**VOLUNTEER APPLICATION FORM**

**A. PROGRAM INFORMATION:**

<b>Title of Program:</b>	<b>SACVET 5<sup>th</sup> Homeless Veterans Stand Down</b>	<b>Program Date(s):</b>	<b>28 April 2012</b>
<b>Location of Program:</b>	<b>Columbus, GA</b>	<b>Project</b>	<b>Stand Down</b>
<b>SACVET Contact Person:</b>	<b>A. Harrison 706-593-3393</b>	<b>SACVET P.O. Box 5051 Columbus, GA 31906</b>	
<b>Contact Person Email:</b>	<b>standdown@gcvret.org</b>	<b>DUE DATE: MARCH 16, 2011</b>	

**B. VOLUNTEER INFORMATION:**

<b>Name:</b>		<b>Male</b>	<b>Female</b>
<b>VA Facility or Organization:</b>			
<b>Mailing Address:</b>		<b>VISN #:</b>	
<b>City / State/Zip:</b>		<b>Cell Phone:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>I will attend 100% of the program</b>		<b>I will attend only a portion of the program</b>	
<b>Type of Participant:</b>	<b>AGENCY</b>	<b>VOLUNTEER</b>	<b>STUDENT</b>
<b>Employer Category:</b>	<b>VA</b>	<b>NON-VA</b>	<b>LOCAL</b>
			<b>STATE</b>
			<b>FEDERAL</b>

**C. VOLUNTEER OPPORTUNITIES:**

<b>REGISTRATION TABLE</b>	<b>JROTC</b>	<b>COUNSELOR - CERTIFIED</b>
<b>ESCORTING VETERANS</b>	<b>SOCIAL WORKER</b>	<b>EXHIBITOR ASSISTANT</b>
<b>TEAM CAPTAIN</b>	<b>CASE MANAGEMENT</b>	<b>MILITARY ORGANIZATION</b>
<b>PHYSICIAN</b>	<b>SUPPORT GROUP</b>	<b>SETUP</b>
<b>ROTC</b>	<b>EQUIPMENT HANDLERS</b>	<b>STAND DOWN 2012 OPERATIONS</b>

**D. SPECIAL ARRANGEMENTS:** Please describe below any requirements due to physical limitation(s) or dietary requirements:

\_\_\_\_\_

**STAND DOWNS are operated entirely by dedicated volunteers, our continued success is dependent on our community.**

**A variety of volunteer opportunities are available by working with the veterans at the Stand Down, assisting in setting up for the event (April 26-27, 2012), or ALL of the above.**

**YES \_\_\_ or NO \_\_\_ Certificate of Participation**



**EMAIL THIS FORM TO: [standdown@gcvret.org](mailto:standdown@gcvret.org) NLT MARCH 16, 2012 \*OR\***

**MAIL THIS FORM TO: SACVET, P.O. BOX 5051, COLUMBUS, GA 31906 NLT MARCH 9, 2012**

**POINT OF CONTACT: MIKE DOVER (DAV) [STANDDOWN@GCVRET.ORG](mailto:STANDDOWN@GCVRET.ORG), 706-593-3393, P.O. 5051, COLUMBUS, GA 31906  
SACVET IS A 501 (C) 3 NON-PROFIT ORGANIZATION, NOT AFFILIATED WITH ANY POLITICAL PARTY OR POLITICAL ORGANIZATION**

**THE SOUTH ATLANTIC CENTER FOR VETERANS EDUCATION AND TRAINING, INC.  
(SACVET)**

**5<sup>TH</sup> ANNUAL OPERATION STAND DOWN  
EXHIBITOR AND VOLUNTEER RELEASE FORM  
PLEASE PRINT, COMPLETE AND SIGN THIS FORM**

I, \_\_\_\_\_ (**PRINT NAME**), agree to be a volunteer at SACVET **Annual Operation Stand Down 2012**. I understand that I am a volunteer and that I represent SACVET. I agree to treat each guest of the event with dignity and respect. I understand that I may be relieved of my volunteer duties at any time and for any reason by the SACVET **Stand Down 2012** volunteer coordinator or management. I understand that I may not serve as a volunteer if I am under the influence of alcohol or drugs. By signing this release I give permission to SACVET **Stand Down 2012** to utilize my photograph in any materials produced by SACVET **Stand Down 2012**. I understand that I am not an official spokesperson, employee, subcommittee or staff member of SACVET **Stand Down 2012**. I understand that I am not authorized to speak on behalf of SACVET Stand Down 2012 and I may not obligate SACVET Stand Down 2012 in any contractual matter, nor do I have decision making authority with regard to public safety matters. I agree to abide by all rules set forth by SACVET **Stand Down 2012** and further agree to hold harmless the sponsors, their representatives and successors, managers, directors, officials, agents, City of Columbus, Columbus Trade Center and SACVET **Stand Down 2012**, for any acts performed by me outside the scope of my activities as a volunteer. I have read and will abide by the above statement:

**PLEASE PRINT**

Signature: \_\_\_\_\_ Date \_\_\_\_\_ **2012**

AGENCY (IF APPLICABLE) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

I decline to provide an Emergency Contact \_\_\_\_\_ (initials)

**YOU MUST PROVIDE THIS FORM TO THE SACVET COORDINATOR UPON VOLUNTEER CHECK-IN.**

**OR**

**EMAIL THIS FORM TO: [standdown@gcvret.org](mailto:standdown@gcvret.org) NLT MARCH 16, 2012 \* OR \*  
MAIL THIS FORM TO: SACVET, P.O. BOX 5051, COLUMBUS, GA 31906 NLT MARCH 9, 2012**

