

Disabled Veterans Outdoors

Our way of saying "THANK YOU"

VOLUNTEER APPLICATION

Name_____ Date_____

Address_____

City_____ State_____Zip Code_____

County_____ How far are you willing to travel to volunteer_____

Home Phone_____ Cell Phone_____Email _____

Emergency Contact_____Relationship_____ Phone _____

Shirt Size _____ Veteran_____ Branch_____ Years Served _____

Did you serve during time of conflict? Y / N If yes, which one: _____

HOW WOULD YOU LIKE TO HELP VOLUNTEER

JOB	Y/N	JOB	Y/N	JOB	Y/N
SERVE FOOD		CLEAN FISH/GAME		PUBLIC RELATIONS/ADVERTISING	
BE A MENTOR		REGISTER VETS		PHOTO/VIDEO SERVICES	
BE A GUIDE		TRANSPORTATION		PLAN BANQUETS/FUNDRASIERS	
COOK FOOD		HELP ORGANIZE/PLAN		ANIMAL PROCESSING	

[ ] TAXIDERMY NUMBER OF MOUNTS _____ [ ] PLAQUES/TROPHIES. HOW MANY _____

PLEASE CHECK OR LIST ALL ITEMS OR MATERIAL YOU MAY USE TO SUPPORT OUT PROGAMS

SUPPORT	CHECK	SUPPORT	CHECK	SUPPORT	CHECK
UTV/ATV FOR TRANSPORT		TRAILER TO MOVE HANDICAPPED HUNTER		HUNTING BLIND	
FIREARM FOR HUNTING		BLIND HEATER		FISHING EQUIPMENT	
CROSSBOW		BOAT			

If Boat, ATV/UTV, Trailer, make, model, capacity

_____

[ ] OTHER NOT LISTED

_____

Photo Release

I hereby grant permission to Disabled Veterans Outdoors (DVO) to use any photographs or videos taken of my participation in this event or activity for publication, press release, or other communication online to aid in the furtherance of their mission. _____ int.

Liability Release

I completely understand that participation in the above event or activity could include actions or tasks which might be hazardous and could result in harm, injury, or accidental death to myself. I acknowledge these facts and agree to release the Disabled Veterans Outdoors (DVO), as well as its staff, insurers, volunteers, participants, sponsors, businesses and their employees, and/or property locations named above from all losses, liabilities, costs, expenses (including attorney fees), demands, damages, claims, actions and causes of action, in law or equity, relating in any way to, or arising out of my participation in the above named event or activity. Further, I grant full permission to seek any necessary emergency medical treatment on my behalf and agree to accept financial responsibility for the cost related to the same - also indicated by my voluntary signature on this waiver of liability below. **(Unwillingness to consent to waiver will disqualify applicant from event.) _____ int.**

Code of Conduct/Rules:

You will be responsible for following the rules below. Violations can lead to being asked to leave, suspension from other DVO events, or complete denial of services at the board's discretion.

I hereby agree to the following:

1. I will treat Staff, Volunteers, fellow veterans with respect.
2. I will not use violence/or threats of violence.
3. I understand and agree sexual harassment, or discrimination based on someone's race, color, religion, or sexual orientation is not permitted.
4. I will not damage equipment or property of others. (You will be held financially responsible.)
5. I will notify DVO immediately if unable to attend an event.
6. I will return all DVO equipment after the event.
7. If asked to leave an event, I will do so quickly and quietly without causing further issues.
8. I will keep noise down after 10pm.
9. I will not arrive at an event under the influence of drugs/alcohol.
10. I will not drink or use drugs in Blinds/Boats.
11. I will follow land/boat owner's rules.
12. I will follow all instructions from guides/DVO staff. (ie. stay in blinds until told to come out)
13. I will not steal.
14. I will not sell, posses, purchase, or use illegal drugs at a DVO event.
15. I will not attempt to get personal permission to use properties / locations used during DVO events.
16. I will follow all Federal and State Fish and Game Regulations. _____ int.

Signed: _____ Date; _____

NOTICE

WE ARE 100% VOLUNTEER ORGANIZATION. NO ONE IS PAID INCLUDING BOARD MEMBERS. ALL FUNDS DONATED OR RAISED ARE USED TO HOST EVENTS. BY COMPLETING THE APPLICATION. YOU ARE NOT COMMITTED TO WORK ANY EVENT. SHOULD AN EVENT TAKE PLACE IN YOUR TRAVEL AREA YOU WILL BE NOTIFIED BY EMAIL. YOU CAN IGNORE OR RESPOND. IF YOU RESPOND EVENT DETAILS WILL BE SENT TO YOU. PLEASE MAKE SURE YOU ARE 100% AVAILABLE BEFORE RESPONDING. A DISABLED VETERAN IS COUNTING ON YOU. YOU MAY OPT OUT AT ANY TIME BY EMAILING US AT main@disabledveteransoutdoors.org. TYPE OPT OUT IN SUBJECT LINE. PLEASE FEEL FREE TO PRINT AND SHARE COPIES OF THIS APPLICATION. SEND COMPLETED APPS TO:

CONTACT US
Disabled Veterans Outdoors
P.O. Box 2
New Lexington, OH 43764
(740) 877-7072
disabledveteransoutdoors@yahoo.com

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