



## VOLUNTEER FORM

### Jefferson County Military Family Support Network (JCMFSN)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

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

\* I am a currently serving in the military: YES NO I am retired from the \_\_\_\_\_

\* I am a military family member: YES NO What branch of service? \_\_\_\_\_

(Military family: an active or retired service person, or a mom, dad, sister, brother, boyfriend, girlfriend, child, or spouse of a soldier.)

\*Are you familiar with Jefferson County Military Families Support Network? YES NO

\*I would like to be notified of future events: YES NO

\*Are you affiliated with a local organization? YES NO Which organization(s)? Location?

\*I can be available to help support military families: YES NO In what ways are you available?

*I authorize the JCMFSN to make pictures of myself and use the same in any form for its purposes, and consent that pictures may be copied or published for such purposes together with descriptions and editorial statements. JCMFSN is not responsible for third party photographs.*

Signed: \_\_\_\_\_

### Contact Information

**636-633-2301**

Jefferson County Military Families Support Network  
P.O. Box 303, Hillsboro, MO 63050