



Little Rock AFB

Volunteer Interest Form

Name (Last, First): _____ Rank: _____ Squadron: _____

Phone #: _____ Email: _____

☐ If this application is for a Minor for education purposes, please check this box.

Availability (Please check all that apply below):

Mornings:		Afternoons:		Evenings:	
<input type="checkbox"/> Mon	<input type="checkbox"/> Thurs	<input type="checkbox"/> Mon	<input type="checkbox"/> Thurs	<input type="checkbox"/> Mon	<input type="checkbox"/> Thurs
<input type="checkbox"/> Tues	<input type="checkbox"/> Fri	<input type="checkbox"/> Tues	<input type="checkbox"/> Fri	<input type="checkbox"/> Tues	<input type="checkbox"/> Fri
<input type="checkbox"/> Wed	<input type="checkbox"/> Weekend	<input type="checkbox"/> Wed	<input type="checkbox"/> Weekend	<input type="checkbox"/> Wed	<input type="checkbox"/> Weekend

☐ Please check this box if your availability varies and you are unable to indicate above.

Volunteer Interests (Please check your interests and corresponding experience level in the boxes below):

Category	Experience Level			Notes (If Applicable)
	None	Some	A Lot	
<input type="checkbox"/> LRAFB Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Children & Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Community Enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disability Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Environment/Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> International Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Senior Citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Skills (Please check any special skills and corresponding notes when applicable):

Skills	Notes (If Applicable)
<input type="checkbox"/> Speak A Language Other Than English	Language(s): _____
<input type="checkbox"/> Read/Write Other Language Other Than English	Language(s): _____
<input type="checkbox"/> Current Certifications	List: _____
<input type="checkbox"/> Special Administrative Skills	List: _____
<input type="checkbox"/> Special Endorsement on Driver's License	List: _____
<input type="checkbox"/> Other: _____	List: _____



Volunteer Interest Form Part 2

On Base Opportunities (Please check your interests in boxes below):

Base Organizations	Possible Opportunities	Hours of Operation
<input type="checkbox"/> Retirees Activities	Sign in customers for IDs and Finance and provide information about other offices. Support Center reception desk.	Mon-Fri 0730-1630
<input type="checkbox"/> Airman's Attic	Sort items, restock shelves, provide customer service, clean storefront, and reorganize as needed.	Tues 1000-1200, Thurs 1000-1400, 1st and 3rd Sat of each month 1000-1400
<input type="checkbox"/> Thrift Shop	Serve in areas such as cashier, consignments, stocker and typist; opportunity to see best fit within store.	Shifts available Tues, Wed & Thurs 0900-1400, 1st Sat of each month 0900-1400
<input type="checkbox"/> Clinic	Work in the refill pharmacy, Clinic Information Desk or perform various administrative duties.	Times Vary
<input type="checkbox"/> Local Schools	Spend time with classroom projects, after school programs and tutoring/mentoring.	Times Vary
<input type="checkbox"/> Other: _____		

Volunteer time commitments vary based on your schedule and open slots available with organizations listed. Selections indicate interests only, and are in no way obligatory or binding.

Can we release your contact information to the on base organizations you marked above?

Yes ☐ No ☐

Please Return Completed Form To:

Andrea.hammock.1@us.af.mil
Military & Family Readiness Center
940 Arnold Drive
Questions? (501) 987-2667