HENDERSON HALL VOLUNTEER MANAGEMENT PROGRAM



Henderson Hall Em Volunteer Application Form

1555 Southgate Road Bldg 12, Office 113 Arlington, VA 22214

Email: MCFTBHH@usmc-mccs.org
Ph: 703-693-8906

First Name:	Last Name:	MI:
Cell phone(Optional):		
Email Address:		
Age of Volunteer: 13-17 ☐ 18 or over ☐	Affiliation:	
Active Duty *ONLY* Please complete the following in	formation.	
Command name:		
Volunteer Certification 1. I expressly agree that I am neither entitled to not these voluntary services. 2. I agree that I am bound by the laws and regulation any training required by the installation or unit for the services. 3. Volunteers under 13 years of age shall not be accounted as a volunteer you're strongly encouraged to attoe better understand your role and responsibilities as	ons applicable to voluntary service pro or me to perform the voluntary services cepted. e in an off-duty status to be considered tend a Passport to Volunteering Orienta	viders and agree to participate s that I am offering. d a volunteer.
Volunteer Signature:		

(Or Signature of Parent/Guardian if volunteer is under 18)