

PART VI: EMERGENCY CONTACTS

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|-------------------|-------------------|-------------------|----------------|-------------|
| Last Name | First | MI | DOB | RELATION |
| Home Address | | City | | ST Zip Code |
| Work Phone () | Home Phone () | Cell Phone () | E-mail address | |

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|-------------------|-------------------|-------------------|----------------|-------------|
| Last Name | First | MI | DOB | RELATION |
| Home Address | | City | | ST Zip Code |
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PART VII: REFERENCES

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|-------------------|-------------------|-------------------|----------------|-------------|
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I understand that:

- the disclosure of all information on this application is voluntary;
- all information requested will be used solely for the purpose of determining my volunteer eligibility;
- should I be accepted as a volunteer, and it is found that I have knowingly provided any false information, statements, omissions, or other misrepresentation, I will be relieved of my duties and/or responsibilities immediately;
- Homefront America may verify any of the information provided on this application; and if necessary, may conduct a reference check to determine my eligibility;

By affixing my signature below, I certify that all information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Fax a Copy of the completed and signed application to (949) 248-9468
Mail the Original to:
Homefront America, Inc.
27375 Paseo La Serna