



Armed Forces Foundation

Soldier Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Home of Record: _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____ # of Dependents _____ Ages: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Job Information

Rank: _____ Branch of Service: _____

Supervisor: _____ Time in Service: _____

Unit and Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Unit Commander/ phone: _____ Unit Sergeant Major or Chief/ phone : _____

Discharge Date: _____

Projected Discharge Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Injury Data

Date Injured: _____ Location when injured: _____ Combat/Service related injury? Yes
No

Tell us
about
your
injury:

Type(s)
of injury:

Current
hospital
location:

City: _____

State: _____

Name of Hospital: _____

VA
Location:

City: _____

State: _____

Caseworker's Contact Information

Caseworker's
name:

Address:

City: _____

State: _____

Zip
code:

Phone: _____

E-mail: _____

Doctor's Contact Information

Doctor's name: _____

Address: _____

City: _____

State: _____

Zip

code: _____

Phone: _____

E-mail: _____

Schooling and Military Experience

Level of school completed:

GED

Check all that apply with name of school and dates.

HS

Some college

How many hours:

Degree earned:

Graduate degree earned:

Other:

Military Schooling Completed:

Military assignments and responsibilities:

Military awards received:

Civilian work experience

Job 1:
Job 2:

Job 3:

What are some of your personal goals, and what career fields do you see yourself in?

Are you willing to relocate away from friends and relatives if you are offered a career in another location other than your home of record?

If so, where would you like to call home?

City: _____ State: _____
City: _____ State: _____
City: _____ State: _____

Do you currently own a car or van that has been adapted for special needs and funded by the VA?

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Are you willing to give the AFF Career Counseling Program permission to contact you as well as your caseworkers and caregivers, to determine the level of support you will need?

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How do you see the Career Counseling Program helping you attain your career goals, educational goals and life goals?

Please fill out as much information as possible and as accurate as you can. If you need to more space to explain more in depth, please use the back of the sheet.

User agreement: "I understand that this form is used for qualification purposes only and does not serve as a formal application. Furthermore, I acknowledge that I am a member of the armed forces who was severely injured in the line of duty on or after Sept. 11, 2001."

User Agreement Signature: _____

Date: _____