



Woods & Wanton Chapter, Inc.
 9th & 10th (Horse) Cavalry Association
Buffalo Soldiers Trooper Application
 P. O. Box 76582 • Tampa • Florida • 33675-1585

PLEASE TYPE OR PRINT

We consider applicants for membership without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual preference, or any other legally protected status. All information is confidential.

I. Contact Information

Last Name:	First Name:	Middle:
Date of Birth (m/d/yr):	New Member <input type="checkbox"/>	Returning Member <input type="checkbox"/>
How did you learn about the Woods & Wanton Chapter?		
<input type="checkbox"/> Community / Presentation (School, Church)	<input type="checkbox"/> Public Event (Veteran's Event, Parade, Social)	
<input type="checkbox"/> Friend, Relative, Business / Co-worker	<input type="checkbox"/> Website	
<input type="checkbox"/> Publication (Newspaper, Flyer, etc.)	<input type="checkbox"/> Other - please specify:	
Home Address /Apartment: _____		
City: : _____ State: <u>FL</u> Zip: _____		
Home Telephone: (____) _____ Cell Phone: (____) _____		
Home Email: _____		

(Optional)
 Do you **currently** volunteer with other organizations? Yes No
 If **Yes**, please list **active memberships** below:

Organization[s] e.g., churches, fraternities, sororities, professional/business related memberships, civic organizations, social memberships, appointed public servant, etc.	Date[s] Activated	Committee[s] Served & Officer Position[s] Held



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II. Employment

Employer:	Supervisor's Name:
Job Title:	Employment - Month/Year: From To
Address /Suite Number, Street, City, State, Zip:	
<i>(Optional)</i> Work Telephone: Work Cell Phone: Other Phone () () ()	
<i>(Optional)</i> Work email:	
Please List Job Responsibilities:	
List Honors and Recognitions:	

III. Military Service

Military Service★: Yes <input type="checkbox"/> No <input type="checkbox"/> (If <i>No</i> , skip to the next section)	Branch: Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard◇ <input type="checkbox"/> <small>(◇ Specify which one below)</small> Special Forces or Other Branch:
Rank:	Term of Duty - Month/Year: From To
Tour(s) of Duty:	
Discharge: Retired with Full Honors <input type="checkbox"/> Purple Heart Recipient <input type="checkbox"/> Dishonorable Discharge <input type="checkbox"/> If Dishonorable Discharge◇, please explain:	
List Other Military Honors:	
<small>★ Military service does not guarantee membership to the Chapter. ◇ Dishonorable Discharge does not necessarily prevent membership to the Chapter.</small>	



IV. Education & Skills

(optional)	Name of School	Year Completed	Diploma / Degree
High School:			
College:			
Other:			

For each of the skills listed below, write down your level of competency 1 through 5:
1 – Excellent Competency 2 – High Competency 3 – Competent 4 – Some Competency 5 – No Competency

Micro Soft Word <input type="checkbox"/> / Excel <input type="checkbox"/> (check either that applies)	/	Videography <input type="checkbox"/> Photography <input type="checkbox"/> (check either that applies)	/	Organizing Events		Carpentry	
MS Access		General Writing Skills		Fund Raising		Welding	
Website Management		Proposal or Grant Writing		First Aid		Working with Youth	
Power Point		Accounting <input type="checkbox"/> Managing Money <input type="checkbox"/> (check either that applies)	/	Color Guard Training		Artistic & Creative	
Desk Top Publishing		Public Speaking		Horse Back Riding		Communication & Follow-up with Others	

Please list any other skills you would be willing to share and would be beneficial to the Chapter's growth:

Are you interested on improving your skills in a particular area? Yes No

If **Yes**, please list:

Please check all the areas you are interested in serving:

- | | |
|---|---|
| <input type="checkbox"/> Color Guard | <input type="checkbox"/> Fund Development / Fund Raising Events |
| <input type="checkbox"/> Coronation Ball | <input type="checkbox"/> Historical Presentations |
| <input type="checkbox"/> Float Maintenance / Management | <input type="checkbox"/> Junior Buffalo Soldiers |
| <input type="checkbox"/> Parade Committee | <input type="checkbox"/> Volunteer Recruitment / Management |

Are you willing to occasionally travel Chapter members to events or meetings outside of the immediate area?

Yes No

Do you have any physical challenges that would prevent your participation in certain events or are there any medical conditions we should be aware of? Yes No

If **Yes**, please free to list below:



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V. Member's Statement of Verification

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for voluntary service may be necessary in arriving at a decision for assignment.

This application for membership shall be considered active once accepted by the Woods & Wanton Chapter of the Buffalo Soldiers. I will submit any changes of employer, residence, telephone number, etc. to the designated coordinator of membership.

I will inform the Chapter's president in writing should I decide to discontinue my membership with the chapter. I understand that if I am found out of compliance with my membership due to lack of paying dues and assessments, public misconduct, lack of participation, or other issues unbecoming of a Buffalo Soldier as determined by the membership committee, the Chapter has the right to discharge my membership in writing.

I further authorize the membership committee's appointed member to conduct a background check to verify any information contained in this application. I understand that if the results of such an investigation are not satisfactory in the judgment of the membership committee, my application for membership can be denied. If at any time in the judgment of the membership committee, any misrepresentation or false information has been discovered that was submitted in this application, my application may be revoked or my membership may be discharged.

Have you ever been convicted, or pleaded guilty, or no contest to a felony charge? Yes No
(Include any and all instances of the foregoing event if adjudication was withheld.)

◆ Conviction, admission or a "no contest plea" does not necessarily prevent membership to the Chapter.

If **Yes**, please explain:

Acceptance of membership to the Woods and Wanton Chapter is an agreement to perpetuate the history of the Buffalo Soldiers. Upon confirmation of this application, we look forward to working with you and providing you opportunities to build upon your current skills, develop new ones and enhance your knowledge about the Buffalo Soldiers. The goals of our members are to strengthen the organization, to model the way for youth, build positive relationships, and contribute to the Woods and Wanton Chapter of the Buffalo Soldiers.

Applicant's Signature:

Date: / /