



APPLICATION CHECKLIST

Please include the following items:

- A completed application form (below)
- A brief Statement of Interest (1-2 paragraphs)
- A copy of your DD-214 (Member-4)
- A copy of your VA Award letter (if applicable)

At this time, we are looking for volunteers and field technicians on a project basis. We are not hiring for any full-time or other professional positions.

Upon successful receipt of your materials, you will be notified if you have been selected to interview for the program. *

**AVAR conducts professional archaeology. Our projects range in level of difficulty. Applying to the program does not guarantee you an interview or project assignment.*



**American
Veterans
Archaeological
Recovery**

SUBMITTING THE APPLICATION

Please complete this application and submit materials to: info@americanveteransarchaeology.org

REQUIRED DOCUMENTATION

Applications without the required documentation of eligibility will NOT be processed. Please cover social security numbers and other sensitive information on eligibility documents. Your application and documents will be kept securely by American Veterans Archaeological Recovery and will not be shared with third parties.

Please provide a copy of the following documents, as applicable, which must accompany this application as evidence of your eligibility:

DD 214 / DD 215 / WD AGO 53-55 / General Orders / DD 1300 / VA Award Letter of Disability/Current Passport

PERSONAL INFORMATION

Name:			Date of Birth:		
Address:					
City:		State:		Zip:	Country:
Phone:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:					
Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic, Latinx or Spanish	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other:		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Service:	<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard
Component:	<input type="checkbox"/> Active	<input type="checkbox"/> Reserve	<input type="checkbox"/> National Guard	<input type="checkbox"/> Retired	<input type="checkbox"/> Separated

PERSONAL HEALTH HISTORY

Please provide as much information as possible in this section. Your health information will help staff prepare the digs appropriately so that you have the best experience. This information will be kept confidential and only shared with medical personnel in case of emergencies.

Were you medically discharged for injuries sustained in combat operations? Yes No NA

Were you medically discharged for injuries sustained in other military operations? Yes No NA

Type of Physical Injury/Condition (Check all that apply)		Mental Health (Check all that apply)
<input type="checkbox"/> Allergy	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Amputee	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Depression
<input type="checkbox"/> Blind	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Burn	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)

Other:

Please provide a brief description of your physical health and include any impact on your daily activities:

Please provide a brief description of your mental health and include any impact on your daily activities:



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Are you currently taking any medications for your physical health? Yes No

If yes, please describe:

Are you currently taking any medications for your mental health? Yes No

If yes, please describe:

Do you have any physical limitations that would require accommodation (i.e., wheelchair, service dog)? Yes No

If yes, please describe:

CONNECTING WITH AVAR

How did you hear about AVAR?

Application Checklist:

- DD214 & VA Award Letter Required
- Statement of Interest (1-2 Paragraphs)
- Copy of Current Passport (Driver's License acceptable for domestic projects)
- I understand that AVAR has a zero-tolerance policy for alcohol and illicit drugs, for the possession of weapons on a project (i.e., firearms, knives over three inches, etc.), and for harassment or discrimination on projects

I certify that all of the information I have provided on this application is true and accurate to the best of my knowledge and I agree to inform American Veterans Archaeological Recovery as soon as I learn of any error or change to this information. I understand that any misrepresentation, irrespective of whether innocent or intentional may result of rejection of my application and dismissal from the American Veterans Archaeological Recovery program, irrespective of whether the program commenced or not. I acknowledge that, in making its acceptance decision, American Veterans Archaeological Recovery may rely on the information that I have provided.

Signature:

Date: