



Virginia Defense Force

Virginians Helping Virginians

RECRUITMENT INQUIRY

* = Required

Please download this form to complete and Email your completed form to join@vdf.virginia.gov.

If you do not have the free Adobe Reader, you may download it at www.adobe.com.

First Name*

MI*

Last Name*

Email Address*

Best phone for contact

Address*

City*

State*

Zip*

City/County*

Height*

Weight*

Date of Birth: Month

Day

Year

Highest Level of Education*

Ever been convicted of a felony?*

Yes

No

Prior Military?*

Yes

No

If yes, which branch did you serve?

Rank and Discharge Conditions:

What skills can you share with the VDF?

What would you like to learn from the VDF?

Why do you want to join the VDF?*

How did you hear about the VDF?*