

# A SONG IS FOREVER INTAKE APPLICATION FORM



Trauma Healing Through Music Therapy				
PLEASE COMPLETE PAGES				Date:
Name:				
Last	First	Middle	Maiden	
Mailing Address:				
Number	Street	City	State	Zip
Telephone / Email:				
Please explain your symptoms and why you believe ASIFF would be able to help with your recovery?				

<b>List your Military, First Responder history:</b>	
<b>Do you have a driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you interested in becoming a volunteer with ASIFF?</b>	
<b>Do you have any experience with musical instruments?</b>	<b>How many years?</b>
<b>Do you have any experience in songwriting?</b>	<b>How Many?</b>
<b>Please list two references if you are applying for a volunteer position</b>	
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Company:</b>	<b>Company:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<p>By signing this document you are allowing the A Song is Forever Foundation to contact you via telephone and email for any opportunities or workshops and followup. You also agree that in order to be a registered member of ASIFF you shall provide proof of current or former service as a veteran or first responder. If you are an immediate family member of a veteran, current serving member or first responder you will need to provide proof of family service upon submitting this form.</p>	

X \_\_\_\_\_ DATE

X \_\_\_\_\_ APPLICANT NAME (PRINT)

X \_\_\_\_\_ APPLICANT SIGNATURE

