

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF AGING
VOLUNTEER REGISTRATION FORM

THIS SECTION TO BE COMPLETED BY AGENCY

1. TYPE OF REGISTRATION () only one		
<input type="checkbox"/> 1 NEW	<input type="checkbox"/> 2 CHANGE	<input type="checkbox"/> 3 DELETE

2. REGION <input style="width: 50px; height: 15px;" type="text"/>
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3. PROVIDER CODE <input style="width: 100px; height: 15px;" type="text"/>
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4. COUNTY CODE <input style="width: 100px; height: 15px;" type="text"/>
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THIS SECTION TO BE COMPLETED BY VOLUNTEER

5. PROVIDER AGENCY

6 DATE
Month Day Year

7 VOLUNTEER NAME Last First MI 8 SOCIAL SECURITY NUMBER

9 ADDRESS

CITY STATE ZIP CODE

10 TELEPHONE: Home

TELEPHONE: Work

11 Age Range () only one at right	1	14-17		4	70-79
	2	18-59		5	80-Plus
	3	60-69			

12 Race () only one at right		W	White		B	Black
		A	Asian/Pacific Islander		H	Hispanic
		I	Indian			

13 Services () all applicable	1	Boards/Committees		9	Health Services
	2	Big Brothers/Sisters		10	Intern
	3	Clerical		11	Recreation/Rehabilitation
	4	Congregate Nutrition		12	Special Events
	5	Home Delivered Meals		13	Transportation
	6	Daycare/Fostercare		14	OTHER: Specify
	7	Friendly Visits			
	8	Senior Citizen Center			

14. SEX	Enter: M - Male F - Female
<input style="width: 20px; height: 15px;" type="text"/>	