

Washington County Retired & Senior Volunteer Program

Volunteer Enrollment Form

Please print and complete all sections.

Circle: Male Female Single Married Widowed

Enrollment Date: _____

Name _____

Date of Birth: _____

Last First Middle Initial

Street Address _____

Phone Number: _____

City _____ State _____ Zip Code _____

E-mail Address: _____

OHIO DEPARTMENT ON AGING STATISTICAL INFORMATION -

Do you live alone? YES
 NO

Do you meet federal guidelines for yearly income? YES
1 person household \$10,400 annually or less NO
2 person household \$14,000 annually or less

Ethnic Group: Caucasian (White)
 African-American
 Hispanic
 Asian, Pacific Islander
 Native American
 Native Alaskan
 Other

Do you receive disability income? YES
 NO

Physical/Medical Limitations? Please describe _____

Do you drive a car? YES NO Do you claim mileage reimbursement? YES NO

Driver's Licence No: _____ State _____ Expiration Date _____

*If you are claiming mileage reimbursement, please include a copy of your proof of insurance.

I understand that if I use my personal automobile to and from my volunteer work station, I will maintain automobile liability insurance equal to or greater than minimum state requirements. Please initial that you have read and understand this statement.

