Volunteer Activation Form

Paralyzed Veterans of America
Membership & Volunteer Program
801 Eighteenth Street, NW * Washington, DC * 20006-3517
800-424-8200 ext. 619 * 202-416-7619 * 202-4167622 TTY

❑ New Volunteer ❑ Reactivating Volunteer (number if available) _____

❑ Current Volunteer-Updating information. Volunteer Number: _____

Chapter Name: Bay Area & Western Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ ❑ Male ❑ Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please provide the following information if you use your personal vehicle for volunteer related duties.

Driver's License # _____ State Held in: _____

Please check one box in each category

A. Disability

- ❑ Spinal Cord Injury
- ❑ Spinal Cord Disease
- ❑ No Disability
- ❑ Other Disability _____

B. Level of Function

- ❑ Paraplegic
- ❑ Quadriplegic

C. Veteran Status

- ❑ Veteran
- ❑ Non-Veteran

C. Volunteer Training

- ❑ Completed
- ❑ Underway
- ❑ Never Offered

NATIONAL OFFICE USE ONLY
Volunteer Identification Number _____

Processed by _____

DATE RECEIVED Process Date ____/____/____

02/05