



# 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: \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_