

## VOICE Volunteer Application

Miss Ms. Mrs. Mr. (please circle one)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
First (formal) MI Last

Address: \_\_\_\_\_  
Street City/State Zip

Municipality: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_(H) \_\_\_\_\_(Cell) Gender: Male Female

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Volunteer Program you would be interested in:

- APPRISE
- Commodity Box Food Distribution
- Other: \_\_\_\_\_
- Healthy Steps Leader
- Meals on Wheels
- Ombudsman

Senior Centers \_\_\_\_\_  
(Specify)

VITA (Income Tax Preparation)



*Program Supervisor Signature*

*Date*

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*Reviewed/Entered By*

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*Date*