



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: Kentucky Indiana 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 ____/____/____