



PARALYZED VETERANS OF AMERICA VOLUNTEER ACTIVATION FORM

801 Eighteenth Street, NW * Washington, DC 20006-3517
800-424-8200 ext. 658 * 202-416-7658 * (202) 416-7622 TTY

- New Volunteer
 Reactivating Volunteer (Reactivating volunteers should include the volunteer identification number that appears on your identification card)

Chapter Name: _____ Date: ____/____/____

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

Date of Birth: ____/____/____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ State Held in: _____

- Are you a- PVA Member
 Affiliate/Associate

Please **CHECK ONE BOX IN EACH OF THE CATEGORIES** below that best describes your current status. This information is important to enable the Paralyzed Veterans of America to compile data for the effective implementation of programs.

A. Disability

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

B. Level of Function

- Paraplegic
 Quadriplegic
 No Paralysis

C. Veteran Status

- Veteran
 Non-Veteran

D. Volunteer Status

- Past PVA Volunteer
 Have Never Been a PVA Volunteer

E. Volunteer Training

- Completed
 Underway
 Never Offered

NATIONAL OFFICE USE ONLY

Volunteer Identification Number _____

Processed by _____

DATE RECEIVED

Process Date ____/____/____