

Volunteer Application

Date:	County of Residence:						
Name (print):							
Address:						_State:	Zip:
Home Phone:				Cell Phone:			
Email Address:			Date of Bir			rth:	
At your discreted for s	, 1			dicates your	income lev	el (this infe	ormation is
	Level A			Level D			
Single Annual	\$0 - 12,880	\$12,881 - 14,168					
Married Annual	\$0 -	\$17,421 -	\$19,163 -	\$22,222 -	\$29,023 -	\$34,841 -	\$43,551
	17,420	19,162	23,221	29,022	34,840	43,550	& above
Emergency Co	ontact Name	:			Phone	»:	
Where would you like to volunteer?				☐ Ombudsman			
☐ Care-A-Var		☐ Advisory Council					
☐ Driving Program				☐ Senior Center.			
☐ Food Distri	ibution Progr		In which county?				
List any medic	al needs or p	roblems:					
Have you ever If yes, please						YES □ N	O
For Transit/To Are you licens Do you have I	sed to drive i	n the State o	of Virginia?	☐ YES □	NO	, 3	ams ONLY
Attestation. B this form is tru			-		provided on	and in conn	nection with
Volunteer Signature:				Encompass Community Supports Signature:			
Mail the con Encompass Co			-	•	-		
Volunteer Info only used for purpose. If yo	processing v	olunteer ap	plications a	nd is not di	stributed to	anyone out	side of that

extension 3358.