ROSSMOOR VOLUNTEER EXCHANGE **MEMBERSHIP APPLICATION Annual Dues: \$ 10.00**

Please make check out to "Volunteer Exchange Program"

Address		Entry	
Phone (h)	Phone (c)	Email	
Birthdate:			
Emergency Contact	Relationship	Phone	
Do you have pets?	If , YES, what kind:		
Do you plan to provide transportation	? If yes, plea	ase provide copy of	valid:
Driver's License #	I	Exp. Date:	State:
Car Insurance Co.	1	Exp. Date	
Are vou a smoker?	Allergies to smoking/cats/j	perfume/other	
Mobility/Sensory problem? I Work History, Life Experiences, Tale	ents, Hobbies or Special Skills	relevant to the Vol	unteer Exchange Progran
Mobility/Sensory problem? I Work History, Life Experiences, Tale	ents, Hobbies or Special Skills	relevant to the Vol	unteer Exchange Progran
Mobility/Sensory problem? I Work History, Life Experiences, Tale SERVICES: Please indicate w	ents, Hobbies or Special Skills	relevant to the Volu	unteer Exchange Progran