

ELIGIBLE INELIGIBLE HOLD

CLINCH VALLEY COMMUNITY ACTION, INC.

VOLUNTEER INFORMATION

Name of volunteer (first and last):		Phone:	
Mailing address (if different from home address):			
Permanent address (street, apt#, city, state, zip code):			
E-mail (if applicable):	Age:	Date of birth:	Social Security Number
Which placement opportunity do you prefer? <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility			
Do you drive? Yes No Name of Insurance Co.	Driver's License Number and expiration Date:		Number of persons living in your household:

EMERGENCY CONTACT INFORMATION

Name of contact person:	Phone:
Address:	Relationship:

MONTHLY INCOME SOURCES AND AMOUNTS

Monthly income is projected for the upcoming 12 months and includes the applicant's income and that of his/her spouse, if the spouse lives in the same residence.

Social Security: \$	SSI/disability: \$	Pension or Retirement: \$	Net rent from real estate: \$
Interest from savings Account: \$	Stocks and bonds: \$	Other income sources: \$	Total: \$

