

Volunteer Services Information Form
Age Under 60 Volunteer for Title III Services

If you provide volunteer services for a Title III program please fill out the following information. Note that the requested information will be used in the local site database only and will not be sold or shared with any other parties.

Applicant Information		
First Name:	Last Name:	
Gender:	Date of Birth:	
Primary phone:	Secondary phone:	
Current address:		
City:	State:	Zip Code:
Emergency Contact		
Name:	Relationship:	
Primary phone:	Secondary phone:	
Current address:		
City:	State:	Zip Code:
Spouse Information (if joint application)		
Name:	Date of birth:	
Primary phone:	Secondary phone:	

Use of Information: I understand that the information I am providing on this form is for registration purposes. The information will be used the Wyoming Department of Health, Aging Division, Community Living Section to create statistical reports. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose. For additional information regarding the WDH privacy Policy, visit the WDH Office of Privacy, Security and Contracts website: <https://health.wyo.gov/admin/privacy/>.

Signature _____ Date _____