

Constituent Member Enrollment Form

1.	General information (please list your full name, mailing address, email address and phone number):			
2.	What is your current association with Volunteers of America (please check all that apply)?			
	Board Member Staff Volunteer Donor			
	Other (Please specify)			
3.	Do you agree with the mission statement and Cardinal Doctrines of Volunteers of America?			
	Yes No			
4.	Give a brief description of your reason(s) for wanting to become a constituent member of Volunteers of America.			
5.	How would enrollment as a constituent member enhance your relationship with Volunteers of America?			
Sig	nature: Date:			

As a Volunteers of America minister, I certify that		
Constituent N		
has been enrolled as a constituent member of Volunte	eers of America.	
Signature: Minister Performing Enrollment C		Date:
Printed Name:		
As CEO ofVolunteers of America local office	, I certify that	Constituent Member
has been enrolled as a constituent member of Volunto	eers of America.	
Signature:President/CEO		Date:
Printed Name:		

Please send the completed form to the ministry development department at the Volunteers of America national office:

ministry@voa.org

703-341-5083 (phone) 703-341-7010 (fax) ATTN: Ministry Development Volunteers of America 1660 Duke Street Alexandria, VA 22314-3427