

Board of Claims  
Volunteer Registration

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Volunteer's Name

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Social Security #

1. Department/Activity:
  
  
  
  
  
  
  
  
  
  
2. Name and phone number of department official who coordinates volunteer activities:
  
  
  
  
  
  
  
  
  
  
3. Name of Volunteer Program:
  
  
  
  
  
  
  
  
  
  
4. Purpose of Program:
  
  
  
  
  
  
  
  
  
  
5. Activities engaged in by volunteer:
  
  
  
  
  
  
  
  
  
  
6. Term of volunteer:

Note: This form should be attached to the Statement of Understanding/Agreement signed by the volunteer.