

Board of Claims

Volunteer Registration Form

1. **Date:** \_\_\_\_\_  
**Department/Agency:** \_\_\_\_\_  
**Allotment Code:** \_\_\_\_\_  
**Name and Phone Number of Department Official who coordinates Volunteer Activities:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. **Name of Volunteer Program/Advisory Committee:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Purpose of Program/Advisory Committee:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Location of Program:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Activities Engaged in by Volunteers:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Effective Date Requested:**  
\_\_\_\_\_

7. **List the name and address of each person participating as a volunteer/committee member. Attach additional paper if needed.**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_