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?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature: ____________________________________________  Date: ___________

Constituent Member

Updated on 6/20/2016
As a Volunteers of America minister, I certify that ________________
Constituent Member

has been enrolled as a constituent member of Volunteers of America.

Signature: ________________________________ Date: ___________
Minister Performing Enrollment Ceremony

Printed Name: ________________________________

As CEO of ________________________________, I certify that ________________
Volunteers of America local office Constituent Member

has been enrolled as a constituent member of Volunteers of America.

Signature: ________________________________ Date: ___________
President/CEO

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