

VOICECORPS APPLICATION FOR SERVICE

Welcome to VOICEcorps, a reading service for people who cannot read due to a medical condition. Funding is provided in part by contributions from listeners and friends. To apply for free use of the special VOICEcorps radio, please answer every question.

APPLICANT INFORMATION

First Name Middle Initial Last Name

Birth Date: _____

Email Address: _____

Street Address City State Zip Code

County Home Phone Cell Phone Number

Additional Contact information

Please provide two alternate contact persons – at least one of which has a different address and phone number than yours:

Alternate Contact #1

Name Relationship Home Phone

Street, City, State, Zip

Alternate Contact #2

Name Relationship Home Phone

Street, City, State, Zip

How did you hear about VOICEcorps? (please list):

Have you received services from:	Talking Books	Yes	No
	BSVI	Yes	No

Program Schedules are available in four formats and are also available on our website www.voicecorps.org. Please indicate which format(s) you'd like.

Large Print Braille Audio CD E-Mail

In addition to our free radio service we offer access to on-demand readings, podcasts, and other internet or smartphone delivered audio. Would you like to learn more?

Yes No

Applicant's Authorization & Agreement

I have signed on the space below, or have personally requested this service and authorized that this application be signed on my behalf. I am eligible because I am unable to read print material due to a medical condition known as:

I understand that if I qualify for service, I may be loaned a radio, which is the property of VOICEcorps, and must be returned when I no longer need the service.

Signature

Date

Please mail the completed application to:

VOICEcorps
2955 W. Broad Street
Columbus, OH 43204-2647

Questions? Please call (614) 274-7650

OFFICE USE ONLY

Rec.# _____

Model: _____

Date Out: _____

Date Return: _____