VOICECORPS REGISTRATION FORM

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 register for free use of the special VOICEcorps radio, please answer every question.

CONTACT 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 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

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

Any equipment borrowed from VOICEcorps is the property of VOICEcorps, and must be returned when I no longer need the service. VOICEcorps requests each listener send $20 annually to help defray cost. A waiver will be granted when requested.

__________________________________________________________________________
Signature  Date

Please mail completed registration form to:

VOICEcorps  OFFICE USE ONLY
2955 W. Broad Street  Rec.#  ____________
Columbus, OH  43204-2647  Model:  ____________

Questions? Please call (614) 274-7650  Date Out:  ____________

Date Return:  ____________