

# 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

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First Name                      Middle Initial                      Last Name

Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Street Address                      City                      State                      Zip Code

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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

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Name                      Relationship                      Home Phone

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Street, City, State, Zip

#### Alternate Contact #2

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Name                      Relationship                      Home Phone

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Street, City, State, Zip

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

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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](http://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:

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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.

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Signature

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Date

Please mail completed registration form to:

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

### OFFICE USE ONLY

Rec.# \_\_\_\_\_

Model: \_\_\_\_\_

Date Out: \_\_\_\_\_

Date Return: \_\_\_\_\_

Questions? Please call (614) 274-7650