

People's Service Exchange

A Project of The Grapevine, 4 Aiken St., PO Box 637, Antrim, NH 03440

APPLICATION FORM

Last Name _____ First Name _____ Tel.# _____

DOB _____

Address _____ EMAIL _____

Emergency Contact (Name/Tel.#) _____ Doctor (Name/Tel. #) _____

Do you have a mobility problem?Y/N If yes, explain in COMMENTS (see below)

Have you in the past, or are you currently doing volunteer work? Y/N

1st Reference:

2nd Reference:

Name/Address _____

Name/Address _____

Tel.# _____

Tel.# _____

Your Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____

The People's Service Exchange operates on the basis of trust, and on building trust through relationships. We require two references for each applicant in order that people who know you can share that knowledge with someone who might request your services through the People's Service Exchange.

COMMENTS: