



Verification of Identity (please print)

Last Name

First Name

MI

Street Address

City

State

Zip Code

Date Of Birth

Email

Participant's Signature

Date

Volunteer Coordinator Verification

Type of Identification (State ID, State issued driver's license or US Passport)

ID Number _____

Exp. Date: _____

I have reviewed the original ID provided by the volunteer and verify that the above person's identity is valid to the best of my knowledge.

Volunteer Coordinator

Date