



PLEASE PRINT YOUR ANSWERS

**MAIL TO:**

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 Administrative Director  
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 816/701-6844

Colored pictures should be a minimum of 300 dpi and no larger than 3 MB.

Please provide a picture of yourself with this form or email a jpg file to: [veteransvoices@sbcglobal.net](mailto:veteransvoices@sbcglobal.net)

## Writing Aide Information Sheet

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How do you prefer to communicate with HVWP?** Phone \_\_\_ Email \_\_\_ Mail \_\_\_

**Do you have access to a computer?** Yes \_\_\_ No \_\_\_

**What browser and device do you use?** Chrome \_\_\_ Internet Explorer \_\_\_ Firefox \_\_\_ Safari \_\_\_

**Number of hours per week you are available to volunteer?** \_\_\_\_\_

**Where are you employed?** \_\_\_\_\_

**Previous Volunteer Experience:**

*Organization / Volunteer Job*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you affiliated with a veterans' organization? (check all that apply)**

*Veterans of Foreign Wars* \_\_\_ *Disabled American Veterans* \_\_\_ *American Legion* \_\_\_

*Military Order of the Purple Heart* \_\_\_ *Other* \_\_\_\_\_

*The information you provide on this sheet helps HVWP administer the Therapeutic Writing Program and to provide support to you as a writing aide. Your privacy is important to us – we will never sell or share your personal information.*

