Paralyzed Veterans of America

Nevada Chapter

ADOPT-A-VET PROGRAM

Participant Information

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Home Phone: ( ) Email: _____

Demographic Information

This information is being requested for program reporting purposes. The information is voluntary and will not be used when considering your request for assistance.

Racial or Ethnic Group

☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Black/African American

☐ Hispanic/Latino ☐ White/Caucasian ☐ Other

Gender

☐ Female ☐ Male

Age

☐ 18-30 ☐ 31-50

☐ 50-60 ☐ 60+

Military Branch

☐ Air Force ☐ Marines ☐ Coast Guard

☐ Army ☐ Navy

Release:

I hereby authorize NVPVA to use my first name and any related data/stories for grant reports, publications, and social media. I understand that I am providing this information voluntarily and that I will not receive any monetary compensation for the use of my information.

Signature: Date: