



# VOLUNTEER CENTER APPLICATION

PENNSYLVANIA'S INITIATIVE  
**PIAT**  
ON ASSISTIVE TECHNOLOGY  
PIAT is a program of the Institute on Disabilities at Temple University

## Pennsylvania's Telecommunication Device Distribution Program

*Please print all information*

### CONTACT INFORMATION

Name of Center: \_\_\_\_\_

Contact Person (required): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ TTY: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

### VOLUNTEER CENTER PROFILE

In what county are you located? \_\_\_\_\_

What county(s) do you serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your location physically accessible?  Yes  
*Consider: bathroom, doorways, access to public/ Para-Transit, parking*  No

Comments: \_\_\_\_\_

During what hours are you available to provide volunteer services?

	Monday - Friday	Saturday - Sunday
Morning	_____ AM to _____ AM	_____ AM to _____ AM
Afternoon	_____ PM to _____ PM	_____ PM to _____ PM
Evening	_____ PM to _____ PM	_____ PM to _____ PM

Are you open all year round?  Yes  
 No

What are your hours of operation? \_\_\_\_\_

Who do you typically serve? (check all that apply)

- Infants/toddlers
- Preschoolers
- School-age
- Adults
- Older adults

Do you serve people with disabilities? (check all that apply)

- Deaf
- Blind
- Physical disabilities
- Intellectual disabilities
- Hard of hearing
- Low vision
- Speech disabilities
- Other

**Which services would you be willing to provide?**

*Check all areas of interest.*

- Inform consumers about the program
- Distribute applications
- Provide certification of disability for the applicant
- Help consumers with equipment selection
- Provide, arrange or refer for equipment demonstrations
- Provide, arrange or refer for short-term loans of equipment
- Provide consumers with training on the use of TDDP equipment, at your agency
- Provide consumers with training on the set up and use of their TDDP equipment, at consumer's home
- Other: (please describe)  
\_\_\_\_\_  
\_\_\_\_\_

How you plan to inform people about this program?	
What services do you provide to people with disabilities?	
What else would you like to tell us about your program?	

Name of Authorized Person: \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>The Telecommunication Device Distribution Program</b> is implemented by Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, in conjunction with the PA Office of Vocational Rehabilitation (OVR) and the PA Public Utility Commission (PUC).</p>	<p><b>RETURN APPLICATION TO:</b> Sandra McNally Institute on Disabilities at Temple University 1755 N 13th Street Student Center Room 411S Philadelphia, PA 19122 Or FAX to: 215-204-9371</p>
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**Thank you for completing this application form and for your interest in volunteering with us.**