



**Blackstone Valley Community Action Program
AmeriCorps Seniors Volunteer Information Update**

Retired Senior Volunteer Program

1. Name: _____
Address: _____
City: _____ Zip: _____ Telephone: _____
Email: _____

2. Name of Beneficiary: _____
Relationship: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Change in station assignment or volunteer assignment: _____

4. Other changes:
Current Information:

Changes to:

Volunteer Signature: _____ Date: _____

Staff Notes:

Staff Initials: _____ Date: _____