InfoAge Staff ID Registration Form

All volunteers are required to fill out this form to obtain required ID tag.

Full Name:

ID Tag Display Name:

ID Display Title (optional):

Address:

City:

State/Zip:

Phone:

E-Mail:

Age: (Optional if over 18)

Member Organization:

Question:
Do you have health Insurance? (Optional) Yes: ☐ No: ☐

Emergency Contact(s): In case of emergency, please contact (include name and phone no.)

Mail Application to: InfoAge
c/o Steven Lang
1703 Washington Ave
Wall, NJ 07719

Or Email to: steve.lang@infoage.org