

RSVP



SITE ACCESSIBILITY ASSESSMENT

NAME OF SITE _____

Printed name of person completing the form: _____

- Is there a wheelchair/walker accessible entrance?
- Are the hallways clear and wide enough for a wheelchair?
- Is there an operating elevator, if multi-level?
- Is there a wheelchair/walker accessible restroom on each floor?
- Is there handicap parking available for volunteers, if needed.
- Is the site accessible to persons with challenges of mobility, hearing, vision, cognitive impairments or additions and diseases?

Explain special circumstances or conditions relating to any boxes not checked:

Authorized Volunteer Station Representative Signature

Date