

RSVP and the Volunteer Center of the United Way

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Volunteer Station Accessibility Assessment

NAME OF VOLUNTEER STATION: _____

Printed name of person completing the form: _____

Please check all boxes that apply:

- 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 handicapped parking available for volunteers, if needed?
- Is the site accessible to persons with challenges of mobility, hearing, vision, cognitive impairments or diseases?

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

Authorized Volunteer Station Representative Signature

Date