



Payroll/Living Allowance Enrollment

Name: _____ Date form completed: _____

Local Address: _____ Social Security #: _____ - _____ - _____

_____ Birthdate: _____

*Must be in the state you are serving

Exemptions: (circle one; refer to your W-4 form)

0 1 2 3 4 5 Other: _____

Single _____ Married _____ (check one)

Service Site Location: (please circle the location in which you will be serving)

- Apopka
- Atlanta
- Baltimore
- Bend
- Boston
- Boulder
- Chicago
- Cincinnati
- Dayton
- Hartford/New Haven
- HM-Cleveland
- HM-Immokalee
- HM-Miami Shores
- Los Angeles
- New Orleans
- New York City
- Philadelphia
- Phoenix
- Rochester
- San Diego
- San Francisco
- Seattle
- Washington DC
- Watsonville
- Wilmington

Other (Specify): _____