

**Appendix 9: SAMPLE FORM**

**Projects are encouraged to customize as appropriate.**

**All project forms should comply with Senior Corps requirements as well as grantee policies.**



**[Optional] Checklist for Station Accessibility**

This questionnaire is designed to allow evaluation of the overall accessibility of the ABC RSVP program by looking at where we send volunteers to serve. It is not meant to eliminate stations for possible placement of RSVP volunteers but to provide information needed to match volunteers with volunteer stations.

Organization Name \_\_\_\_\_

		No	Yes	Comments
1	Is there a flat, non-gravel route from parking/street through the front entrance? Does the parking lot have spaces reserved for persons with disabilities?			
2	Are doors (entrance, rest room, etc.) no heavier to open than refrigerator door? Are door knobs throughout push/pull or lever-type, not twist knobs?			
3	Are halls and passageways at least one yard wide? Are they level, with non-slip stable surfaces and no trip hazards?			
4	Are there no steps without alternate routes (elevators, ramps, other entrance) available? Are stairs of uniform heights?			
5	Is there adequate maneuvering clearance at entrances, especially rest rooms?			
6	Does an accessible restroom have an accessible stall 5' x 5'? (There are other legal configurations, but check to see if a person in a wheelchair can close the door)			
7	Does an accessible restroom have a sink with level faucets, hot water pipes wrapped to prevent burns, and paper towels lowered?			
8	Are emergency alarms both audible and visual? Are evacuation plans and areas of rescue assistance accessible to individuals with mobility impairments?			
9	Do policies, practices or standards – either formal or informal- have the direct or indirect effect of excluding or limiting the participation of individuals with disabilities in your organization’s program or activities?			
10	Do policies exist that ensure that a “reasonable accommodation” is made to individuals, including volunteers, with disabilities?			

\_\_\_\_\_  
Name/Signature of person completing checklist

\_\_\_\_\_  
Date