



RSVP 55+ Volunteer Program Registration Form

631 West Edgewood Drive,
Ellettsville, IN 47429
812.876.3383
800.844.1010
FAX: 812.876.9922
Email: RSVP@area10agency.org

Name as it appears on ID: _____ Nickname: _____

Primary Phone Number: _____ Alternate: _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____ Birth Date*: _____

Racial Group: (Circle all that apply) Caucasian Native Hawaiian or Pacific Island
American Indian or Alaskan Native Asian Black or African American prefer not to answer

Ethnicity: Are you Hispanic or Latino? (Circle One) Y N prefer not to answer

How did you hear about RSVP? _____

Current/Previous Occupation/Training/Education/Special Skills: _____

Are you active military (including Guard and Reserves)? Y N

Are you a Veteran? Y N

Are you an immediate family member of an active military member (including Guard & Reserves)? Y N

***Age Verification:** *Our grant requires that RSVP volunteers are 55+ years of age. Please have your driver's license (or similar documentation) available at time of registration.*

Emergency Information

Emergency Contact: _____ Phone: _____

To benefit from automatic insurance coverage while volunteering, please complete the following.

Your Driver's License Number: _____ Name of Insurance Company: _____

Beneficiary's Name: _____ Relationship to you: _____

Address: _____ Phone Number: _____

Volunteer Agreement

I **verify that all of the information above is correct and true** to the best of my knowledge. I am **interested in joining RSVP**. I understand that all information is kept strictly confidential. I give RSVP the right to investigate all references. I hereby **release the use of my photograph**, and understand that the photograph may be used for a variety of purposes, including, but not limited to, newspapers, websites, brochures, and newsletters. I release RSVP and Area 10 Agency on Aging from any claim which may arise from participation in RSVP or Area 10 activities. My signature also verifies my **permission to run a criminal background** check and to share this information with any agencies with which I volunteer. I agree to notify RSVP immediately if anything changes that would affect the results of my background check.

Name: _____ Aliases/Maiden Name: _____

Volunteer Signature: _____ Date: _____

RSVP Director's Signature: _____ Date: _____

Placement Information

If you currently volunteer, please list where (use additional paper if needed): _____

If you currently volunteer, would you like to discuss additional opportunities? Y N

Do you want to volunteer only with a particular agency? If yes, please list: _____

Please Circle All Areas of Interest:

<p style="text-align: center;"><u>Leadership</u></p> <p>Committee/Boards Event Planning Fundraising Skilled/Specialized Volunteer Coordination</p> <p style="text-align: center;"><u>Volunteer From Home</u></p> <p>Crafts Phone Visitations Sewing/Knitting/Crocheting</p> <p style="text-align: center;"><u>Arts & Education</u></p> <p>Leading Classes Computer Tutoring Fine Arts History/Culture Mentoring Museums Music Tutoring Adults Tutoring Children</p>	<p style="text-align: center;"><u>Advocacy</u></p> <p>Disabled/Special Needs Disasters Domestic Violence Elder Safety GLBT/Diversity Homeless Shelter Job Referral Medicare Counseling/Fraud Newborn/Family Support Tax Preparation Working with Inmates</p> <p style="text-align: center;"><u>Office</u></p> <p>Assembling Mailings Data Entry Phone calls Receptionist</p> <p style="text-align: center;"><u>Nutrition</u></p> <p>Cooking classes Food Bagging/Serving Food Delivery Gardening</p>	<p style="text-align: center;"><u>Seniors</u></p> <p>Classes Homebound Visitation Hospice Money Management Music/Entertainment Nursing Homes Senior Center Senior Games/Sports</p> <p style="text-align: center;"><u>Misc</u></p> <p>Animal Care Construction/Handyman Hospital Non-profit Retail On-call as needed Skilled/specialized Thrift Stores Tickets/Ushering Veterans/Military</p> <p style="text-align: center;"><u>Special Events</u></p> <p>Would you like to be contacted for these one-time volunteer jobs? Yes or No</p>
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Do you have a skill or talent you would like to utilize? If so, what? _____

I might be interested in:

- A. A regular position with the same day and hours each week: _____ (Days/Time)
- B. A regular position, but less often: _____ (Days/Time)
- C. Working on special projects/events _____
- D. Other: Please explain. _____

Hours Reporting

Please turn in volunteer hours monthly. Hours can be submitted online at <http://www.area10agency.org/volunteerhours> by email, or written on a timesheet and mailed/faxed to the RSVP office. The data is used to support grants and to demonstrate the amazing impact that volunteers 55 and over have in our communities.

Thank you!