

**RETIRED & SENIOR VOLUNTEER PROGRAM**

*Please complete the entire form. All information is needed*

*Revised 7/16/14*

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU A VETERAN? YES NO PREVIOUS OCCUPATION: \_\_\_\_\_

ETHNIC GROUP: \_\_\_\_\_ LANGUAGE/ SPEAKS: \_\_\_\_\_ WRITE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ IS HE/SHE A VOLUNTEER? YES NO

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_ IF YES, WHAT: \_\_\_\_\_

**VOLUNTEER INFORMATION**

TIME & DAYS AVAILABLE: \_\_\_\_\_ AM \_\_\_\_\_ PM MON TUES WED THURS FRI SAT

MAY WE CALL YOU FOR A TEMPORARY ASSIGNMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU INTERESTED IN SERVING ON THE ADVISORY COUNCIL OR A COMMITTEE? YES NO

PREVIOUS VOLUNTEER EXPERIENCE:

---

---

PREFERRED VOLUNTEER ASSIGNMENTS AND/OR WORKSITES:

---

---

KINDS OF VOLUNTEER ASSIGNMENTS AND/OR WORKSITES I DO *NOT* WANT:

---

---

**EMERGENCY CONTACT**

NAME(S) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SKILL I DO WELL AND/OR WOULD ENJOY DOING:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ANIMALS               | <input type="checkbox"/> COMPUTER/PHONE       | <input type="checkbox"/> LIGHT OFFICE WORK |
| <input type="checkbox"/> ARTS & CRAFTS         | <input type="checkbox"/> CONSTRUCTION         | <input type="checkbox"/> MEAL SERVICE/MOW  |
| <input type="checkbox"/> BAKING/COOKING        | <input type="checkbox"/> ENTERTAINMENT/MUSIC  | <input type="checkbox"/> READING & WRITING |
| <input type="checkbox"/> BUSY HANDS (ANYTHING) | <input type="checkbox"/> FUNDRAISING          | <input type="checkbox"/> RUMMAGE SALES     |
| <input type="checkbox"/> CASHIER               | <input type="checkbox"/> HOME REPAIR          | <input type="checkbox"/> TAX AIDE          |
| <input type="checkbox"/> CHILDREN/YOUTH        | <input type="checkbox"/> HOSPICE/RESPITE CARE | <input type="checkbox"/> TEACHING          |
| <input type="checkbox"/> COMPANIONSHIP         | <input type="checkbox"/> LIBRARY              |  |

**MILEAGE REIMBURSEMENT**

*You are entitled to receive mileage reimbursement of .35 per mile, up to \$35 per calendar month.*

WOULD YOU LIKE MILEAGE REIMBURSEMENT?      YES                  NO

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ LICENSE EXPIRATION DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ INSURANCE EXPIRATION DATE \_\_\_\_\_

**BENEFICIARY(S) FOR THE RSVP INSURANCE: Mileage Reimbursement Volunteers Only**

NAME(S) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND UNDERSTAND THIS DOES NOT OBLIGATE ME TO ANY VOLUNTEER WORK OTHER THAN WHAT I WISH TO DO.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

DATE

\_\_\_\_\_  
RSVP COORDINATOR SIGNATURE

DATE