

RSVP

Lead With Experience

www.heartlandrsvp.org

RSVP Volunteer Enrollment Form

Name: _____
Please print

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Current Age: _____
You must be 55 or older to enroll

Race/Ethnicity: *This information is required, and is used for statistical purposes only.*

Caucasian African-American Hispanic

Native American, Alaskan Asian, Pacific Islander

Gender: Male Female Do you have a disability? Yes No

Are you a veteran? Yes No

Are you a spouse of a veteran? Yes No

Type of transportation: Personal Vehicle RSVP Transportation

All volunteers using their personal vehicle in the course of volunteering must maintain automobile liability insurance equal to or greater than the minimum required by state law.

Please list someone to contact in case of an emergency:

Contact Name: _____ Phone: _____

Please designate a beneficiary for your free RSVP Supplemental Insurance:

Name: _____ Relationship: _____

Address _____ Phone: _____

Do you have previous volunteer experience? Yes No

If yes, where? _____

If there is a specific place you'd like to volunteer, please list it here:

Organization Name: _____

Your volunteer skills and/or interests: *Check all that apply*

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Assisting with Activities | <input type="checkbox"/> Bilingual Skills | <input type="checkbox"/> Board or Committee Work | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Companionship/Friendly Visitation | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Consumer Fraud Education | <input type="checkbox"/> Counseling/Support |
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Delivering Home Delivered Meals | <input type="checkbox"/> Disaster Preparation | <input type="checkbox"/> Environmental Awareness Education | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Interviewing Clients | <input type="checkbox"/> Medicare Counseling | <input type="checkbox"/> Miscellaneous Entertainment | <input type="checkbox"/> Non-Profit Capacity Building |
| <input type="checkbox"/> Preparing Mailings | <input type="checkbox"/> Preparing Meals | <input type="checkbox"/> Providing Respite for Caregivers | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Reading Stories to Children | <input type="checkbox"/> Recruiting Volunteers for Non-Profits | <input type="checkbox"/> Serving Meals | <input type="checkbox"/> Singing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Thrift Store Work | <input type="checkbox"/> Transportation for Medical Appts | <input type="checkbox"/> Typing | <input type="checkbox"/> Victim Assistance |

RSVP Special Projects

Special projects are occasional opportunities for service that arise from time to time, and which may consist of activities such as assistance with a non profit fund raising event or disaster relief assistance (e.g., fires, weather disasters, etc).

The choice of whether to volunteer for any particular special project is always entirely yours. Would you like to be informed of special projects opportunities as they arise?

- Yes No

I, the undersigned, hereby request to be enrolled as a participant in the RSVP Volunteer Program. I understand that my service is voluntary and I agree to serve without compensation. I certify that I am at least 55 years old and that I maintain automobile liability insurance equal to or greater than the minimum required by state law.

Volunteer Signature **Date**

Please mail or fax this form to:
Heartland RSVP
201 N. Elson Suite 205
Kirksville, MO 63501
Phone: 660.665.8314
Fax: 660.665.8315