



AmeriCorps Seniors

RSVP Volunteer Enrollment Form



Please PRINT and complete all sections.

Name _____ Birth date _____

Birthplace _____ Sex: Male Female Other: _____

Active duty US Armed Forces: Yes No If yes, branch of service? _____

Immediate family member active duty? Yes No Veteran: Yes No Branch of Service _____

Marital Status: Married Widowed Divorced Separated Never Married No answer

Education (highest level completed) _____

Household Composition: Lives alone With spouse With children With relatives Others

Monthly Income (optional): _____ Number in household: _____

Home Address _____ City, Zip _____

Mailing Address _____ City, Zip _____

Phone _____ Cell Phone _____ Email Address _____

Retired? Yes No If no, place of employment _____

Belong to Senior Club or Organization? Yes No _____

Medical Insurance: Medicare A Medicare B MedQuest/Medicaid Other _____

Do you have a disability? Yes No

If yes, please describe any restriction resulting from your disability:

Part Time Resident? Yes No If yes, date leaving _____

Out of State Mailing Address _____ City, Zip _____

Do you drive a car? Yes No Driver's license # _____ State ____ Exp. Date _____

Transportation for volunteer work: Bus ____ Family/friend ____ Drive ____ Walk ____

*** A copy of valid driver's license and current vehicle insurance card is required for volunteers driving to/from volunteer station***



Volunteer Interests:

- Clerical/Office Support/Telephones Instructor/Lay Leader
- Counseling/Outreach Respite/caregiver
- Food distribution/prep/service Student support/tutoring
- Friendly caller/visits Tax Preparation
- Fundraising/Special events Thrift Store/Gift shop
- Gardening/Environmental
- Greeter/Information Desks/Docent Other _____

Employment Experiences _____

Past and Present Volunteer Experiences _____

Skills/Interests/Languages _____

Health Issues _____

Preferred volunteer assignments (See Volunteer Station List)

1. _____ 2. _____

Days/Hours Available _____

SPECIAL ON-CALL LIST – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. Volunteer leaders will call volunteers on our list when we receive requests for assistance from the non-profits.

Would you like to be included on our Special On-Call List? Yes No

Emergency Contact _____ Relationship _____

Street Address _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance (CIMA) (For volunteers 55 yrs & older only):

Name _____ Relationship _____

Address _____ Phone _____

How did you learn about RSVP:

- Outreach event Friend Family member AEA staff
- Newspaper/Magazine Website Radio Social Media
- Other _____

Enrollment Form: Detachable Addendum

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.

Are you a US Citizen? Yes No

Are you Hispanic or Latino? Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? (Select one that you most associate with and circle specific race)

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian. (Please circle one) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the peoples of Europe, the Middle East, or North Africa.