Rev: 10/21



# **RSVP Volunteer Enrollment Form**



# Please PRINT and complete all sections.

Name	Birth date			
Birthplace	Sex:   Male  Female  Other:			
	s: $\square$ Yes $\square$ No If yes, branch of service?			
Marital Status: ☐ Married ☐ W	Tidowed □ Divorced □ Separated □ Never Married □ No answer			
Education (highest level comp	pleted)			
Household Composition:   L	ives alone $\square$ With spouse $\square$ With children $\square$ With relatives $\square$ Others			
Monthly Income (optional):	Number in household:			
Home Address	City, Zip			
Mailing Address	City, Zip			
Phone Cell Ph	none Email Address			
Retired? □ Yes □ No If no,	place of employment			
Belong to Senior Club or Org	ganization?   Yes No			
Medical Insurance: ☐ Medicare	e A □ Medicare B □ MedQuest/Medicaid □ Other			
Do you have a disability?   If yes, please describe any res	Yes □ No striction 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 v	work: Bus Family/friend Drive Walk			
*** A copy of valid driver's lid	cense and current vehicle insurance card is required for voluntee ion***			

Sponsoring Agency: County of Kaua'i Agency on Elderly Affairs
Pi`ikoi Building • 4444 Rice Street, Suite 330, Lihue, Kauai, Hawaii 96766-1340
Telephone (808) 241-4470 • Fax (808) 241-5113

# Page 2 of 4

Volunteer Interests:			
Clerical/Office Support/Telephones	Instructor	r/Lay Leader	
Counseling/Outreach	Respite/c	aregiver	
Food distribution/prep/service	Student s	upport/tutoring	
Friendly caller/visits	Tax Prep	aration	
Fundraising/Special events	Thrift Sto	ore/Gift shop	
Gardening/Environmental			
Greeter/Information Desks/Docent	Other		
Employment Experiences			
Past and Present Volunteer Experience	es		<del></del>
Skills/Interests/Languages			
Health Issues			
Preferred volunteer assignments (See 1	Volunteer S	tation List)	
Days/Hours Available			
SPECIAL ON-CALL LIST – This is time assistance with special events or our list when we receive requests for Would you like to be included on our	fundraising assistance from	events. Volunteer lead om the non-profits.	ders will call volunteers on
Emergency Contact		·	Relationship
Street Address		P	hone
Beneficiary for RSVP Supplemental A Name			
		Phone	
			Thone
How did you learn about RSVP:  ☐ Outreach event ☐ Fri	end	☐ Family member	□AEA staff
☐ Newspaper/Magazine ☐ We	ebsite	□ Radio	☐ Social Media

### By signing below, I acknowledge that I have read and understand the following statements:

- I understand that public relations are an important part of volunteering for Kaua'i RSVP. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow Kaua'i RSVP to use any photograph taken of me for use in public relations efforts. Kaua'i RSVP will use reasonable efforts to inform me, but such notification is not a condition of the photographs released for public relations purposes.
- I also certify that the information provided on this form is true and accurate. I understand that this information will be kept confidential and will be used for statistical purposes and/or to help me receive any benefits or services to which I may be eligible.
- I hereby authorize the release of information that has been obtained about me for the above purposes to be shared with Agency on Elderly Affairs.
- I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station, or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that RSVP stations may perform a background check and volunteering for RSVP will be contingent on the results of that search.
- I understand that if I am not yet 55 years old, I will be enrolled in the JV (Junior Volunteer) Program.

Signature of Volunteer	Date	Signature of RSVP Staff	Date
*******	*****	***********	********
employment, programs, service the basis of race, sex, age, relig	es or facilities pr ion, disability, o	ual opportunity for participation in, the bookided by any County entity, or any control of any other classification protected by states are as a second or any other classification protected by states are as a second or a s	tractor of any County entity, on ate or federal law.
FOR OFFICE USE ON	LY:		
Station(s) assigned		Date(s) assigne	d
Entered in Computer/	/ I	Ву:	

# **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)
☐ <b>American Indian or Alaska Native.</b> 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.
□ <b>Asian.</b> ( <b>Please circle one</b> ) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, <u>Cambodia</u> , <u>China</u> , <u>India</u> , <u>Japan</u> , <u>Korea</u> , <u>Malaysia</u> , <u>Pakistan</u> , the <u>Philippine Islands</u> , <u>Thailand</u> , and <u>Vietnam</u> .
□ Black or African American. A person having origins in any of the black racial groups of Africa.
□ <b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ <b>White.</b> A person having origins in any of the peoples of Europe, the Middle East, or North Africa.