



**VOLUNTEER REGISTRATION/APPLICATION FORM**

Name: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Address: **Mailing & Physical** \_\_\_\_\_

City: \_\_\_\_\_ State:   NV   Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Mandatory)

Work Phone #: \_\_\_\_\_ Sex: **Male** **Female** (Please circle one)

E-mail Address: \_\_\_\_\_

How did you hear about RSVP? \_\_\_\_\_

**ARE YOU A VETERAN? (Please circle one)** Yes No

Do you drive? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ Do you plan to drive your own car? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

If so, I \_\_\_\_\_, a RSVP Volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect, automobile insurance equal to the minimum limits required by our state.

\* Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Copy required / both sides, if there is a renewal sticker)

\* Auto Insurance Carrier: \_\_\_\_\_

\* Policy #: \_\_\_\_\_ (Copy of Nevada Evidence of Insurance Card required)

\* ♦ Social Security #: \_\_\_\_\_

\* This information is mandatory for Volunteers who wish to be Home Companions, Drivers, or Lifeline Installers; otherwise, it is not required.

♦ **RSVP Requires a background check (at our expense) for Home Companion, Driver, Lifeline Installer, Respite, and/or RSVP Office before placement on first assignment.**

When are you available? AM \_\_\_ PM \_\_\_ (Circle one or more) M T W TH F SAT SUN

What would you like to do? (Please check all that apply)

- \_\_\_\_\_ ♦ **Home Companion:** visits to the senior's home, take them shopping or do shopping/errands for them, pick up prescriptions, read/write; things that a good neighbor would do. **Home Companions do not provide personal care, health care and/or cleaning services, etc.**
- \_\_\_\_\_ ♦ **Driver:** transport to medical, dental & eye appts., pick up prescriptions, take grocery shopping & banking

- \_\_\_\_\_ ♦ **Lifeline Installer:** (Medical Alert System) Installation training will be provided.
- \_\_\_\_\_ ♦ **RESPITE Care (Volunteers do not provide personal care, health care and/or cleaning services, or transport their clients.)**
- \_\_\_\_\_ ♦ **RSVP Office- General Clerical** (open/sort mail, stuff envelopes, answer phones, data entry, etc.)

Volunteer Reg/App.doc

(Over Please)

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- \_\_\_\_\_ **Computer:** (word processing, data entry)
- \_\_\_\_\_ **Hospital, Clinic, Convalescent Center**
- \_\_\_\_\_ **Commodities:** (USDA Food Distribution)
- \_\_\_\_\_ **Nutrition Programs**
- \_\_\_\_\_ **City, County, State Agencies and Departments**
- \_\_\_\_\_ **Work with children/youth:** schools, museums, clubs
- \_\_\_\_\_ **Other** \_\_\_\_\_

- \_\_\_\_\_ **Library Services**
- \_\_\_\_\_ **Gift and/or Thrift Shop**
- \_\_\_\_\_ **Sheriff's of Fire Department**
- \_\_\_\_\_ **Tour guide/docent**
- \_\_\_\_\_ **Arts/Cultural**
- \_\_\_\_\_ **Literacy or ESL Literacy**
- \_\_\_\_\_ **Western Nevada College**

Please tell us a little about yourself [Optional]: (Check all applicable)

WORK/SKILLS AND VOLUNTEER EXPERIENCE:

SPECIAL INTEREST:

- \_\_\_\_\_ Office / Accounting / Business Management
- \_\_\_\_\_ Teacher
- \_\_\_\_\_ Military
- \_\_\_\_\_ Casino / Restaurant
- \_\_\_\_\_ Sales / Cashier
- \_\_\_\_\_ Health Services / Homemaker
- \_\_\_\_\_ Handyman Skills / Construction, etc.
- \_\_\_\_\_ Computers (What types and programs)

- \_\_\_\_\_ Reading, Music
- \_\_\_\_\_ Cooking, Baking
- \_\_\_\_\_ Crochet / Knitting / Sewing
- \_\_\_\_\_ Arts / Crafts / Painting/
- \_\_\_\_\_ Photography
- \_\_\_\_\_ Animals
- \_\_\_\_\_ Travel
- \_\_\_\_\_ Collecting / Antiquing

Other skills: Please List \_\_\_\_\_

Do you speak a foreign language (List): \_\_\_\_\_

**Statistical Data (Requested by the Corporation for National & Community Service, Washington, D.C.):**

**(CHECK ONE ONLY PLEASE)**

White \_\_\_ Hispanic \_\_\_ Asian/Pacific Is. \_\_\_ Native American \_\_\_ African American \_\_\_ Other \_\_\_

**IN CASE OF EMERGENCY** Please Call: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**BENEFICIARY FOR RSVP ACCIDENT INSURANCE**  
(SPECIAL NOTE: A Beneficiary must be someone other than yourself!)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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\_\_\_\_\_  
**RSVP Executive Director SIGNATURE**

\_\_\_\_\_  
**RSVP Volunteer SIGNATURE / DATE**