

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
2621 Northgate Lane, Ste. 6 Carson City, NV 89706
VOICE: (775) 687-4680 □ FAX: (775) 687-4494

DATE: _____
RSVP INTERVIEWER(S): _____

VOLUNTEER REGISTRATION

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, Homemakers, Respite, Drivers, RSVP Office, or Lifeline Installers; otherwise, it is not required.**

RSVP Requires a background check (at our expense) for Home Companion, Homemaker, 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

(Over Please)

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

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

SPECIAL INTEREST:

- _____ 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 _____

RSVP CEO SIGNATURE / DATE

RSVP Volunteer SIGNATURE / DATE