



RETIRED AND SENIOR VOLUNTEER PROGRAM

811 W. Jericho Turnpike, Suite 103W, Smithtown, NY 11787
631-979-9490 Fax: 631-979-9235 Website: www.rsvpsuffolk.org
ENROLLMENT FORM (Please Print)



NAME _____ PHONE _____
(Last) (First)

ADDRESS _____ TOWN _____ ZIP _____

DATE OF BIRTH _____ EMAIL (for office use only) _____

The only qualification for enrollment is that you are at least 55 years of age.

SEX: M ___ F ___ RACIAL/ETHNIC BACKGROUND: BL ___ A.I. ___ HISP ___ CAUC ___ ASI ___ OTHER ___
(Necessary for statistical purposes)

HAVE YOU EVER VOLUNTEERED WITH RSVP BEFORE? Yes ___ No ___ ARE YOU A VETERAN? Yes ___ No ___

AGE GROUP YOU PREFER TO WORK WITH _____ DAYS AVAILABLE _____

INTERESTS, HOBBIES, SKILLS _____

LANGUAGES OTHER THAN ENGLISH _____

PREVIOUS WORK OR OCCUPATION _____

PHYSICAL LIMITATIONS, IF ANY _____

WHAT TRANSPORTATION IS AVAILABLE TO YOU? _____

If you plan to drive your own car, we need a copy of your current driver's license:

DRIVER'S LICENSE IDENTIFICATION NUMBER _____ EXP DATE ___/___/___

Have you ever been convicted of a felony? Yes ___ No ___ Child sexual abuse? Yes ___ No ___
(By signing this enrollment form you are consenting to having your name checked in the National Sex Offender Registry Database site)

PERSON(S) TO NOTIFY IN EMERGENCY _____

ADDRESS _____ PHONE _____

BENEFICIARY FOR RSVP ACCIDENT POLICY:

NAME _____ ADDRESS _____

What volunteer setting would best suit your interests and enthusiasm? _____

It would be helpful to know what areas may be of interest to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Reading With Children | <input type="checkbox"/> Tutoring/Mentoring |
| <input type="checkbox"/> Working in a Hospital | <input type="checkbox"/> Organizing Special Events | <input type="checkbox"/> Working With the Disabled |
| <input type="checkbox"/> Computer Refurbishing | <input type="checkbox"/> Outdoor/Environmental Work | <input type="checkbox"/> Assist Seniors With Medicare Questions |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Public Relations/Outreach | <input type="checkbox"/> Greenhouse Work |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Museum Docents/Tours |
| <input type="checkbox"/> Home Maintenance & Repair | <input type="checkbox"/> Assisting Children in Head Start | <input type="checkbox"/> Tai Chi Instructor |
| <input type="checkbox"/> Assisting at a Soup Kitchen | <input type="checkbox"/> Telephoning Seniors | <input type="checkbox"/> Answer Helpline Calls |
| <input type="checkbox"/> Facilitating Health Workshops | <input type="checkbox"/> Thrift Shop Assistance | |

SIGNATURE OF VOLUNTEER _____ DATE ___/___/___

PLANNED PLACEMENT _____ STARTING DATE ___/___/___

OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

SIGNATURE OF RSVP COORDINATOR _____ DATE ___/___/___

SIGNATURE OF RSVP EXECUTIVE DIRECTOR _____ DATE ___/___/___

Checked Against National Sex Offender Registry Database Site _____