



# 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 |
| <input type="checkbox"/> Financial Counseling                | <input type="checkbox"/> Public Relations/Outreach        | <input type="checkbox"/> Questions                    |
| <input type="checkbox"/> Fund Raising                        | <input type="checkbox"/> Speaker's Bureau                 | <input type="checkbox"/> Greenhouse Work              |
| <input type="checkbox"/> Home Maintenance & Repair           | <input type="checkbox"/> Assisting Children in Head Start | <input type="checkbox"/> Museum Docents/Tours         |
| <input type="checkbox"/> Assisting at a Soup Kitchen         | <input type="checkbox"/> Telephoning Seniors              | <input type="checkbox"/> Tai Chi Instructor           |
| <input type="checkbox"/> Facilitating Health Workshops       | <input type="checkbox"/> Thrift Shop Assistance           | <input type="checkbox"/> Answer Helpline Calls        |
| <input type="checkbox"/> Monitoring Seniors in the Community |   |   |

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 \_\_\_/\_\_\_/\_\_\_