
VOLUNTEER APPLICATION

Last Name _____ First _____

Address _____
Street City State Zip

Telephone _____ Date of Birth _____
(must be 55 or older)

Cell Phone _____

E-Mail Address _____

Ethnicity
African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other _____

Health Restrictions: _____

Emergency Contact

Name: _____ Telephone: _____ Cell Phone: _____

Address: _____ Relationship: _____

Please Note: RSVP provides supplemental accident, general liability, and excess auto insurance to registered RSVP volunteers while on volunteer assignment.

Please designate a beneficiary:

Name: _____ Telephone: _____

**Please Note: Some volunteer assignments may require a criminal and/or motor vehicle background check. You will be advised if a background check is required for your volunteer assignment. No background screenings will be conducted without your permission.*

I hereby volunteer my services through RSVP of Madison County. I certify that the information I have provided is accurate and complete to the best of my knowledge. ***I understand that all information contained in this application is confidential and will not be released by RSVP to a third party except as necessary to coordinate RSVP volunteer activity.***

_____ I permit _____ I do not permit RSVP to use my photograph for promotional purposes.

Volunteer Signature: _____ **Date:** _____

AREAS OF VOLUNTEER INTEREST OR SPECIAL SKILLS

<p>Adult Education</p> <p><input type="checkbox"/> Adult Literacy Tutor</p> <p><input type="checkbox"/> Adult Education Workshop Leader</p> <p><input type="checkbox"/> Computer Skills</p> <p><input type="checkbox"/> New Business Mentoring/SCORE</p> <p>Agriculture / Environment</p> <p><input type="checkbox"/> Community Gardens</p> <p><input type="checkbox"/> Farmer's Markets</p> <p><input type="checkbox"/> Recycling</p> <p><input type="checkbox"/> Trail Maintenance</p> <p><input type="checkbox"/> Weather Reporters</p> <p>Arts/Culture</p> <p><input type="checkbox"/> Arts/crafts</p> <p><input type="checkbox"/> Historian/genealogy</p> <p><input type="checkbox"/> Museums</p> <p><input type="checkbox"/> Libraries</p> <p><input type="checkbox"/> Entertainment</p> <p>Health</p> <p><input type="checkbox"/> Ambulance Crew/Dispatcher</p> <p><input type="checkbox"/> Escort Driver to Medical Appointments</p> <p><input type="checkbox"/> Fitness-Osteo Exercise</p> <p><input type="checkbox"/> Bloodmobile</p> <p><input type="checkbox"/> Hospitals/Nursing Homes</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Ombudsman/Resident Advocate</p> <p><input type="checkbox"/> Chenango Water Exercise Program (CWEG)</p>	<p>Work with Youth</p> <p><input type="checkbox"/> Mentoring</p> <p><input type="checkbox"/> After-school Program Aide</p> <p><input type="checkbox"/> 4H Judge, Summer Reading Program</p> <p><input type="checkbox"/> Head Start / Early childhood</p> <p><input type="checkbox"/> Tutoring / Literacy</p> <p>Community Needs</p> <p><input type="checkbox"/> Thrift stores</p> <p><input type="checkbox"/> Food Pantries</p> <p><input type="checkbox"/> Disaster Preparedness</p> <p><input type="checkbox"/> Driving Instructors for 55+</p> <p><input type="checkbox"/> SNACK/Congregate Meals</p> <p><input type="checkbox"/> Telephone Reassurance</p> <p><input type="checkbox"/> Income Tax Assistance</p> <p><input type="checkbox"/> Victims of Violence hotline</p> <p>Other Needed Skills</p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> Grant writing</p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Office skills</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Presentations/public speaking</p> <p><input type="checkbox"/> Writing/Editing</p> <p><input type="checkbox"/> Interpreter for _____</p> <p>OTHER SKILLS: _____</p>
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Work Experience: _____

Volunteer Experience: _____

ON CALL LIST: *This is a list we refer to when local non-profits are looking for short- term or one-time assistance with special events. We will call volunteers on this list when we receive these special requests for assistance.*

May we contact you to see if you are available to help on a one-time or short-term basis?

yes no

I would like to volunteer at: _____

RSVP Office Use Only → **Station Assignment:** _____ **Date Welcome Package Sent:** _____

RSVP Staff Signature: _____