

RSVP

Lead With Experience
www.rsvpvolunteers.com

RSVP Volunteer Enrollment Form

Name: _____
Please print

Address: _____

City: _____ **State:** _____

County: _____ **Zip:** _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Current Age:** _____
You must be 55 or older to enroll

Race/Ethnicity: This information is used for statistical purposes only

Caucasian African-American Hispanic

Native American, Alaskan Asian, Pacific Islander

Gender: Male Female

Do you have a disability? Yes No

Are you a veteran? Yes No

Type of transportation: Personal Vehicle Public Transportation

Do you have previous volunteer experience? Yes No

If yes, where? _____

Please list someone to contact in case of an emergency:

Contact Name: _____ **Phone:** _____

Please designate a beneficiary for your free RSVP Supplemental Insurance:

Name: _____ **Relationship:** _____

Address _____ **Phone:** _____

If there is a specific place you'd like to volunteer, please list it here:

Organization Name: _____

Your volunteer skills and/or interests:

Check all that apply

- | | | | | |
|----------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Animal Shelter Support | <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Assisting with Activities | <input type="checkbox"/> Bilingual Skills | <input type="checkbox"/> Board or Committee Work |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Case Management | <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Companionship/
Friendly Visitation |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Consulting | <input type="checkbox"/> Consumer Fraud Education | <input type="checkbox"/> Counseling/
Support | <input type="checkbox"/> Crisis Hotline |
| <input type="checkbox"/> Delivering Meals on Wheels | <input type="checkbox"/> Disaster Preparation or Response | <input type="checkbox"/> Environmental Awareness Education | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Interviewing Clients | <input type="checkbox"/> Legal Work | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Miscellaneous Entertainment | <input type="checkbox"/> Non-Profit Capacity Building | <input type="checkbox"/> Preparing Mailings | <input type="checkbox"/> Preparing Meals |
| <input type="checkbox"/> Providing Respite for Caregivers | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Reading Stories |
| <input type="checkbox"/> Recruiting Volunteers for Non-Profits | <input type="checkbox"/> Serving Meals | <input type="checkbox"/> Singing | <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Teaching Adults |
| <input type="checkbox"/> Thrift Store Work | <input type="checkbox"/> Tutoring Adults | <input type="checkbox"/> Tutoring Children | <input type="checkbox"/> Typing | <input type="checkbox"/> Victim Assistance |

RSVP Special Projects

Special projects are occasional opportunities for service that arise from time to time, and which may consist of activities such as assistance with a school project or field trip, a non profit fund raising event or disaster relief assistance (e.g., fires, weather disasters, etc).

The choice of whether to volunteer for any particular special project is always entirely yours. Would you like to be informed of special projects opportunities as they arise?

- Yes No

I the undersigned hereby request to be enrolled as a participant in the RSVP Volunteer Program. I certify that I am at least 55 years old, and I understand that if I use my personal automobile in volunteer service, I must maintain automobile liability insurance equal to or greater than the minimum required by state law.

Volunteer Signature

Date

Please mail or fax this form to:

**RSVP of the Texas Gulf Coast
5601 S. Braeswood
Houston, TX 77096
Phone: 713-595-8157
Fax: 713-551-7223**