



Retired and Senior Volunteer Program
(RSVP) of Fayette County

Volunteer Enrollment Form

108 N. Beeson Avenue Uniontown, PA 15401



**AmeriCorps
Seniors**

Name: _____ **Date:** ____ / ____ / ____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Cell Phone:** _____

Email address: _____

Date of Birth: ____ / ____ / ____ **Male:** _____ **Female:** _____

How did you hear about RSVP? Newspaper ____ Volunteer Station ____
 Information Booth ____ Website ____ Social Media ____
 Friend, who? _____ Other _____

Are you a Veteran? Y ____ N ____ **Is anyone in your family a Veteran?** Y ____ N ____

Employment experience: _____

Have you ever been convicted of a crime? Y ____ N ____ **If yes, please explain:** _____

Please list any physical limitations that should be considered for your volunteer assignments: _____

Emergency Contact: _____

Contact's address: _____

Phone number: _____ Relationship: _____

Designation of Beneficiary for RSVP personal accidental bodily injury insurance

Complete this only if the beneficiary is different than the Emergency Contact.

Name: _____ Phone number: _____

Address: _____ Relationship: _____

Volunteer Experience

Are you currently volunteering? Y ___ N ___ If yes, where? _____

Previous volunteer experience: _____

Do you have a preferred volunteer assignment? Y ___ N ___ If yes, please specify where: _____

Days/times available: _____

<p>If you would like the free supplemental auto liability insurance provided by RSVP, please provide:</p> <p>Driver's License Number ___ / ___ / ___ Expiration date: ___ / ___ / ___</p> <p>Auto insurance company name: _____</p>

It is the policy of RSVP to foster equal volunteer opportunities and affirmative action for application without regard to race, sex, religion, national origin, age or disability.

By signing below, you agree to the following:

- I volunteer my service through the RSVP of Fayette County and I understand that I am not an employee of Fayette County Community Action Agency, Inc. or RSVP.
- I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service as a Home Delivered Meals driver, I will keep in effect automobile liability insurance equal or greater than the minimum required by the state.
- I hereby agree that RSVP/FCCAA shall have the right to use, for publicity and/or promotional purposes, my name and photographs/videos taken of me.

Signature of Applicant _____ Date ___ / ___ / ___

Signature of RSVP Coordinator _____ Date ___ / ___ / ___

OFFICE USE ONLY	
Volunteer packet mailed _____	Notes: _____
Computer input _____	_____
File requirements completed _____	_____
Assignment description attached _____	_____



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Volunteer Interests & Skills



Please check any of the following that pertain to you.

Place an I for Interest and an S for Skills.

- | | |
|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Driver |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Electrical Repairs |
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Financial Consultant |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Food Bank/Pantry |
| <input type="checkbox"/> Business Consultant | <input type="checkbox"/> Friendly Visitor |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Games w/ Children |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Food Service Work |
| <input type="checkbox"/> Computer Data Entry | <input type="checkbox"/> Health Insurance Counselor |
| <input type="checkbox"/> Computers | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Grant Writer |
| <input type="checkbox"/> Crisis Hotline/Counselor | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Delivered Prepared Meals | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Disabled Adults | <input type="checkbox"/> Hunger Relief |
| <input type="checkbox"/> Disabled Children | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Blood Drives |
| <input type="checkbox"/> Interpreting | <input type="checkbox"/> Teacher Assistant |
| <input type="checkbox"/> Interviewing | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Read to Visually Impaired |

- | | |
|---|--|
| <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Librarian/Library Aide | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Machinist | <input type="checkbox"/> Security |
| <input type="checkbox"/> Mailing Preparation/Bulk Mailing | <input type="checkbox"/> Senior Nutrition |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Serve on Boards |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Minister | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Multiple Languages | <input type="checkbox"/> Tax Assistant |
| <input type="checkbox"/> Music | <input type="checkbox"/> Office worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Theatre/Drama |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Transport Seniors |
| <input type="checkbox"/> Planning/Organizing | <input type="checkbox"/> Warehouse Work |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Typing |

Specific talents, skills, interests: _____

Special Projects List - This is a list of volunteers we refer to when local non-profits are looking for one-time/short term assistance with special events. Your preparation is optional when called.

Would you like to be included on the Special Projects list? Y ____ N ____

(This could include fundraisers, cooking clubs, blood drives, etc.)