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**Registration Form**

*RSVP (Retired and Senior Volunteer Program)*

**TODAY’S DATE:**

**DATE OF BIRTH:** *(Required: You must be at least 55 years old to be an RSVP volunteer.)*

**NAME:**

 Last First Middle

**PHONE:** **EMAIL:**

**ADDRESS:** **CITY/STATE:** **ZIP:**

##### Will you drive to and from your volunteer activities? YES [ ]  NO [ ]

**RSVP VOLUNTEER DRIVER STATEMENT**

I understand that if I use my personal vehicle while volunteering, I will keep a valid driver’s license and auto insurance equal to or greater than the minimum required by Washington state or the state where my vehicle is insured.

**Driver’s License Number:**

**RSVP VOLUNTEER SUPPLEMENTAL ACCIDENT & LIABILITY INSURANCE** is provided (plus a small death benefit) while you perform volunteer duties. This coverage is automatic and free of cost as long as you are an active, enrolled RSVP member. Please provide the following information:

**Beneficiary Name:** **Beneficiary** **Relationship:**

**Beneficiary Phone:** **Beneficiary Address:**

**DEMOGRAPHIC INFORMATION** *(Optional: Funders often ask us for demographic information.)*

**Ethnicity**  **Sex**

[ ]  Hispanic, Latino, or Spanish Origin[ ]  Female

[ ]  Not Hispanic, Latino, or Spanish Origin[ ]  Male

**Race**

[ ]  American Indian, Native American, or Alaska Native[ ]  White

[ ]  Asian or Asian American[ ]  Multiracial (any two or more of the above)

[ ]  Black or African American

[ ]  Native Hawaiian or Other Pacific Islander [ ]  Other

**Veteran/U.S. Armed Forces** (Please check all that apply):

[ ]  I am a Veteran. [ ]  I am an active U.S. Armed Forces Service member. [ ]  I have a family member in the U.S. Armed Forces.

Volunteer Signature *(required):* Date

**VOLUNTEER PREFERENCES & EXPERIENCE**

What type of volunteer work are you interested in?

Geographic preference (including online):

Describe your past occupation or volunteer experience.

Please list any site(s) where you currently volunteer.

Do you have any physical challenges we should keep in mind when placing you?

How did you hear about RSVP?

Are you interested in being on our special list for one-time volunteer opportunities? YES [ ]  NO [ ]

## *Please check your top 3 choices for a volunteer position.*

**AGING IN PLACE**

⬜ Adult Day Care

⬜ Food Delivery

⬜ Transportation

⬜ Companionship

⬜ Chore Services

⬜ Medicare Counseling

**CAPACITY BUILDING**

⬜ Manage/ Recruit Volunteers

⬜ Represent RSVP in the Community

⬜ Garner Donations

**EDUCATION**

⬜ Adult Basic Education

⬜ Elementary Education Tutoring

⬜ Elementary Education Mentoring

⬜ Secondary Education Tutoring

⬜ Secondary Education Mentoring

**HEALTH & NUTRITION**

⬜ Food Banks

⬜ Nutrition Education

⬜ Community Gardening

**IMPROVING ECONOMIC OPPORTUNITIES**

⬜ Building & Home Repair

⬜ Adult & Family Mentoring

⬜ Tax Preparation

**OTHER**

⬜ Childcare

⬜ Newsletter Writing/ Interviewing/ Photography

⬜ Provide Information & Resources

⬜ Support Veterans

⬜ One-time Service Projects

⬜

⬜

***Please return this form to RSVP or the coordinator at your site.***

#### **Phone:** 206.694.6786 | **Fax:** 206.694.6777 | 1501 N 45th St, Seattle, WA 98103 | **Email:** **rsvp@solid-ground.org**