



VOLUNTEER REGISTRATION FORM

1. Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Phone 757-\_\_\_\_\_ E-mail \_\_\_\_\_

2. Employment Experience: \_\_\_\_\_
Volunteer Experience: \_\_\_\_\_

3. Preferred Volunteer Assignment: \_\_\_\_\_
Days Available: \_\_\_\_\_

4. I have a physical condition RSVP needs to know: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Beneficiary for RSVP Supplemental Accident Insurance:
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_

6. I, \_\_\_\_\_, volunteer my services through the Retired & Senior Volunteer Program (RSVP) of the Virginia Peninsula. I understand that I am not a paid employee. I give my permission for RSVP to use my photograph for promotional purposes. If I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum, as required by the State of Virginia. My automobile insurance company is: \_\_\_\_\_ The date my driver's license expires is: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Signature of RSVP Director \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

FOR OFFICE USE ONLY

Volunteer Assignment:

I.D. #: \_\_\_\_\_ Station: \_\_\_\_\_

Duties: \_\_\_\_\_ Date Placed: \_\_\_\_\_

## AREAS OF VOLUNTEER INTEREST

PLEASE CHECK ALL AREAS OF INTEREST:

### I. I would like to volunteer in or for:

- |                                                   |                                         |
|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Schools                  | <input type="checkbox"/> Libraries      |
| <input type="checkbox"/> City/County Government   | <input type="checkbox"/> Hospitals      |
| <input type="checkbox"/> Convalescent Centers     | <input type="checkbox"/> Public Safety  |
| <input type="checkbox"/> Courts                   | <input type="checkbox"/> Schools        |
| <input type="checkbox"/> Crime Prevention         | <input type="checkbox"/> United Way     |
| <input type="checkbox"/> Day Care Centers, Adults | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Day Care Centers, Child  | <input type="checkbox"/> Other _____    |

### II. I would like to volunteer as:

- |                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> [1062] Board Member           | <input type="checkbox"/> [1055] Sewer/Quilter             |
| <input type="checkbox"/> [1025] Bookkeeper             | <input type="checkbox"/> [1028] Home Repairperson         |
| <input type="checkbox"/> [1052] Bulkmailer             | <input type="checkbox"/> [1137] Housekeeper               |
| <input type="checkbox"/> [1191] Business Administrator | <input type="checkbox"/> [1064] Knitter/Crocheter         |
| <input type="checkbox"/> [1122] Cashier                | <input type="checkbox"/> [1032] Library Assistant         |
| <input type="checkbox"/> [1063] Chaperone              | <input type="checkbox"/> [1021] Meals-on-Wheels Deliverer |
| <input type="checkbox"/> [1024] Clerical               | <input type="checkbox"/> [1559] Mentor                    |
| <input type="checkbox"/> [1077] Companionship Provider | <input type="checkbox"/> [1005] Reading Tutor             |
| <input type="checkbox"/> [1011] Cook                   | <input type="checkbox"/> [1051] Recreation Aide           |
| <input type="checkbox"/> [1020] Counselor              | <input type="checkbox"/> [1002] Receptionist              |
| <input type="checkbox"/> [1026] Data Entry Person      | <input type="checkbox"/> [1094] Screener, Red Cross       |
| <input type="checkbox"/> [1067] Docent/Museum Guide    | <input type="checkbox"/> [1108] Secretary                 |
| <input type="checkbox"/> [1006] Driver                 | <input type="checkbox"/> [1060] Storyteller               |
| <input type="checkbox"/> [1070] Driving Instructor     | <input type="checkbox"/> [1118] Tax Consultant            |
| <input type="checkbox"/> [1102] Entertainer            | <input type="checkbox"/> [1061] Teacher                   |
| <input type="checkbox"/> [1150] Foster Grandparent     | <input type="checkbox"/> [1004] Teacher's Aide            |
| <input type="checkbox"/> [1107] Friendly Visitor       | <input type="checkbox"/> [1068] Typist                    |
| <input type="checkbox"/> [1140] Fund Raiser            | <input type="checkbox"/> [1147] Video Producer            |
| <input type="checkbox"/> [1071] Gardener               | <input type="checkbox"/> Other: _____                     |

### III. I would like to work with:

- |                                                   |                                                     |
|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Adults [ages 21-59]      | <input type="checkbox"/> Physically Disabled        |
| <input type="checkbox"/> Adults [ages 60+]        | <input type="checkbox"/> Young Children [ages 2-12] |
| <input type="checkbox"/> Infants [Birth to age 2] | <input type="checkbox"/> Youth [ages 13-20]         |
| <input type="checkbox"/> Mentally Disabled        | <input type="checkbox"/> Other: _____               |