VOLUNTEER ENROLLMENT FORM

RSVP welcomes adults who are seeking a rewarding volunteer experience

If you have any questions regarding this form, please call 610.834.1040 ext123

Personal Information

Salutation

Last Name | First Name | Middle Initial

Street Address

City | State | Zip

I live in a 55+/Retirement Community called

Phone Number | Cell Number | Birth date

E-Mail

Ethnicity (optional) | Gender

Please share any issues that could affect your volunteer placement (Medical, physical, behavioral health) Accommodations will be made, when possible. ***This information will not be shared without your consent.***

Emergency Information

Person to notify in an emergency

Phone Number

Relationship

Cell Number

Veteran Information

Are you a Veteran? ◯ Yes ◯ No

Is anyone in your household a Veteran? ◯ Yes ◯ No

Education, Experience, Skills and Interests

Level of Education / Professional Qualification

Most recent occupation and employer

Volunteer experience

Hobbies / Skills / Interests

Foreign languages spoken

Availability

Your availability to volunteer

Monday	☐	Morning	Tuesday	☐	Morning
	☐	Afternoon		☐	Afternoon
	☐	Evening		☐	Evening
	☐	Anytime		☐	Anytime
	☐	Not Available		☐	Not Available
Wednesday	☐	Morning	Thursday	☐	Morning
	☐	Afternoon		☐	Afternoon
	☐	Evening		☐	Evening
	☐	Anytime		☐	Anytime
	☐	Not Available		☐	Not Available
Friday	☐	Morning	Saturday	☐	Morning
	☐	Afternoon		☐	Afternoon
	☐	Evening		☐	Evening
	☐	Anytime		☐	Anytime
	☐	Not Available		☐	Not available
Sunday	☐	Morning			
	☐	Afternoon			
	☐	Evening			
	☐	Anytime			
	☐	Not Available			

Frequency you want to volunteer ☐ Weekly ☐ Monthly ☐ Occasionally

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RSVP Programs of Interest

First Choice

Second Choice

Additional Information

How did you learn about RSVP

If you are 65 or older, will you require transportation? (Additional "TransNet / Community Transit" applications are required)

◯ Yes ◯ No

Effective January 1, 2015, under certain conditions, Pennsylvania law requires self-certification or FBI fingerprint-based background checks for volunteers working with children and vulnerable adults. Please answer the following questions.

Do you have a criminal history of a felony within the last five years

◯ Yes ◯ No

Have you been a resident of the state of Pennsylvania continuously for a minimum of ten years

◯ Yes ◯ No

Identification

As an RSVP volunteer, I understand and accept responsibilities associated with my position. General responsibilities are outlined in the Volunteer Handbook. There may be additional program-related requirements.

I grant permission to RSVP Inc. to use photos taken of me for use in RSVP publications, newspaper articles and other forms of marketing and identification materials.

I swear and affirm that the information provided is accurate, to the best of my knowledge.

Electronic Signature Agreement. By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide RSVP regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature.

Your initials below represent your signature

Date

◯ I Accept ◯ I Decline

In order to process this enrollment form, we need a copy of a Government issued ID to verify your identification. Please email your ID to volunteer123@rsvpmc.org.

Submit