



# 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 ext 123

## 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

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

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## **Veteran Information**

Are you a Veteran?

Yes

No

Is anyone in your  
household a Veteran?

Yes

No

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## **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

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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

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## **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

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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](mailto:volunteer123@rsvpmc.org).