RETIRED AND SENIOR VOLUNTEER PROGRAM

811 W. Jericho Turnpike, Suite 103W, Smithtown, NY 11787
631-979-9490 Fax: 631-979-9235 Website: www.rsvpsuffolk.org

ENROLLMENT FORM (Please Print)

NAME_____ **PHONE**_____
(Last) (First)

ADDRESS_____ **TOWN**_____ **ZIP**_____

DATE OF BIRTH___/___/___**(The only qualification for enrollment is that you are at least 55 years of age)**

SEX: M___F___ RACIAL/ETHNIC BACKGROUND: BL____A.I.____HISP___CAUC___ASI____OTHER_____
(Necessary for statistical purposes)
HAVE YOU EVER VOLUNTEERED WITH RSVP IN SUFFOLK? YES___ NO___ Elsewhere? _____(where)

AGE GROUP YOU PREFER TO WORK WITH _____ DAYS AVAILABLE_____

INTERESTS, HOBBIES, SKILLS _____

LANGUAGES
OTHER THAN ENGLISH _____

PREVIOUS WORK
OR OCCUPATION_____

PHYSICAL
LIMITATIONS, IF ANY_____

WHAT TRANSPORTATION
IS AVAILABLE TO YOU?_____

If you plan to drive your own car, we need a copy of your current driver's license:

DRIVER'S LICENSE IDENTIFICATION NUMBER_____EXP DATE___/___/___

Have you ever been convicted of a felony? Yes_____ No_____ Child sexual abuse? Yes_____ No_____
(By signing this enrollment form you are consenting to having your name checked in the National Sex Offender Registry Database site)

PERSON(S) TO NOTIFY IN EMERGENCY_____

ADDRESS_____ PHONE_____

BENEFICIARY FOR RSVP ACCIDENT POLICY:

NAME_____ ADDRESS_____

What volunteer setting would best suit your interests and enthusiasm? _____

It would be helpful to know what special skills or interests you have:

___Arts & Crafts
___Clerical Work
___Computer Operations
___Computer Refurbishing
___Financial Counseling
___Fund Raising
___Graphics
___Home Maintenance & Repair
___Leadership Training
___Literacy/Children
___ Mentoring
___Organizing Special Events
___Outdoor Activities
___Public Relations
___Public Speaking
___Research
___Telephoning
___Thriftshop Sales/Promotion
___ Tutoring
___Working With People With Disabilities
___Working With Animals
___Other

SIGNATURE OF VOLUNTEER_____ DATE_____/_____/_____
(By signing this form you agree to attend an RSVP orientation and training session within 8 months of your placement with the program)

PLANNED PLACEMENT_____ STARTING DATE____/_____/_____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

SIGNATURE OF RSVP COORDINATOR_____DATE_____/_____/_____

SIGNATURE OF RSVP EXECUTIVE DIRECTOR_____DATE_____/_____/_____

Checked against National Sex Offender Registry Database Site _____