



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. EMAIL (for office use only) _____

SEX: M ___ F ___ RACIAL/ETHNIC BACKGROUND: BL ___ A.I. ___ HISP ___ CAUC ___ ASI ___ OTHER ___
(Necessary for statistical purposes)

HAVE YOU EVER VOLUNTEERED WITH RSVP BEFORE? Yes ___ No ___ ARE YOU A VETERAN? Yes ___ No ___

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Literacy/Children | <input type="checkbox"/> Thriftshop Sales/Promotion |
| <input type="checkbox"/> Computer Operations | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Computer Refurbishing | <input type="checkbox"/> Organizing Special Events | <input type="checkbox"/> Working With People With Disabilities |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Working With Animals |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Transporting Seniors to Med. Apts. |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other |
| <input type="checkbox"/> Home Maintenance & Repair | <input type="checkbox"/> Research | |

SIGNATURE OF VOLUNTEER _____ DATE ___/___/___

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 _____