



# RSVP

## Lead With Experience

### VOLUNTEER ENROLLMENT FORM

Name:	
Street Address:	
City/State/Zip:	Phone:
Email Address:	Cell Phone:

<b>Birth Date(Required):</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
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Physical/Medical Limitations:		Require disabled access: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Car Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #:	Licensing State:
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#### Designation of Beneficiary (For RSVP Accident Insurance):

Name:	Relationship:
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Address:	
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City/State/Zip:	
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Home Phone:	Work and/or Cell Phone:
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#### Local person to notify in case of emergency (if different from beneficiary):

Name:	Relationship:
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Address:	
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City/State/Zip:	
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Home Phone:	Work and/or Cell Phone:
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How many hours would you like to volunteer?	_____ Hours per week_____ Hours per month
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Employment Experience:
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Volunteer Experience/Civic Affiliations:
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PLEASE COMPLETE BACK PAGE



**Areas of interest:**

- |   |   |
|---|---|
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Public Safety                          |
| <input type="checkbox"/> Community Improvement          | <input type="checkbox"/> Senior Activities and Services         |
| <input type="checkbox"/> Disaster Relief & Preparedness | <input type="checkbox"/> Environmental                          |
| <input type="checkbox"/> Economic Development           | <input type="checkbox"/> Health and Nutrition                   |
| <input type="checkbox"/> Other                          | <input type="checkbox"/> Youth/Children Activities and Services |

**How did you hear about the RSVP?**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Volunteer Fair/Senior Exp | <input type="checkbox"/> Newsletter             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper                 | <input type="checkbox"/> Referral               |                                      |
| <input type="checkbox"/> Staff                     | <input type="checkbox"/> Family/Friend          |                                      |
| <input type="checkbox"/> Radio/Television          | <input type="checkbox"/> Current RSVP Volunteer |                                      |

**Preferred Volunteer Assignments** (Can be locations, specific agencies or type of work):

I volunteer my service through RSVP and understand that I am not an employee of the United Way or RSVP. I understand that if I use my personal automobile during my volunteer service, I will keep in effect automobile liability insurance equal or greater than the minimum required by the state.

**Signature of Volunteer:****Enrollment Date:**

**RSVP Photograph/Video Release:** I hereby consent to use of all photographs and/or video of me for the purpose of illustration, advertising or publication in any matter by the Senior Corps Programs of United Way of Central West Virginia and I waive all claims for any compensation for such use or for damages.

**Signature of Volunteer:****Date:****Please submit this form to:**

**RSVP**  
**One United Way Square**  
**Charleston, WV 25301-1098**  
**Phone: 304-340-3524 Fax: 304-340-3508**

**RSVP**  
**is sponsored by the**  
**Corporation for National and Community Service**  
**and United Way of Central West Virginia.**

**Signature of RSVP Staff:****Date Received:**