

Volunteer Enrollment Form

Your information will be held strictly confidential.

Please Print

RSVP

Erie County Dept. Senior Services
95 Franklin Street, Buffalo, NY 14202

PERSONAL INFORMATION:

Name: _____
(Mr./Mrs./Ms./Miss.) (First) (MI) Last

Address: _____ City: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Date of birth: ____/____/____ Email: _____

Ethnic Group (Optional –for statistical analysis only)

African American Caucasian Hispanic Asian/Pacific Islander Native American Other

Do you have any physical/medical limitations? Yes No

If "Yes", please explain: _____

How did you hear about RSVP? _____

Are you currently volunteering? Yes No

If "Yes", where? _____

Briefly explain your volunteer duties: _____

Are you interested in additional volunteer assignments? Yes No

RSVP matches volunteers' skills, interests and schedule with volunteer assignments. Your answers to the questions below will help us to find a great match for you.

I am interested in volunteering in the following area(s):

Aging Arts & Culture Clerical Assistance Computer/Technology Assistance

Customer Service/Hospitality Disabilities Education & Mentoring Environment & Nature

Health Care Hunger & Poverty Transportation One-Day Events/Projects

Other: _____

Please list any skills, talents, hobbies, or interests that you may want to apply to volunteering:

I am interested in volunteering at a specific organization: _____

(Name of organization)

I prefer volunteering in a certain area(s) e.g.: Depew _____

What is your availability? Mon. Tues. Wed. Thurs. Fri. Weekends AM PM

PLEASE COMPLETE REVERSE

EXPERIENCE:

Are you retired? Yes No Previous/current occupation: _____

Previous/current employer: _____

TRANSPORTATION INFORMATION:

Will you be driving to your volunteer assignment? Yes No If "Yes", please complete:

NOTE: The information below is required in order for you to receive mileage reimbursement and to be covered under the supplemental automobile insurance policy provided by RSVP.

Drivers License ID # (9 Digits) _____ **State:** _____ **Expiration date:** _____
Please provide us with a copy of your drivers license.

Name of Insurance Company: _____ **Policy number:** _____
Please provide us with a copy of your insurance card.

*RSVP has limited transportation reimbursement for persons unable to volunteer due to transportation costs. (IRS guidelines may allow you to deduct volunteer mileage when itemizing taxes.)

Will you be requesting mileage reimbursement? Yes No

BENEFICARY INFORMATION:

Please designate a beneficiary for the supplemental accident insurance provided by RSVP. If you do not wish to designate or do not have a beneficiary, you may write: *"To the estate of (your name)."*

Name: _____ **Relationship:** _____
Address: _____ **Phone:** _____

EMERGENCY INFORMATION:

Name: _____ **Relationship:** _____
Address: _____ **Phone:** _____

Have you ever been convicted of a felony? Yes No

If "yes", please explain: _____

ACKNOWLEDGEMENT:

I understand the information on this form is completely confidential. I understand that Volunteer Stations may require a background check, depending on my volunteer assignment. My signature is my consent to these statements.

X _____
Volunteer Signature Date

X _____
RSVP Director Signature Date

FOR OFFICE USE ONLY

Orientation Date:	Volunteer Job Title:
Transportation Arrangements:	Station:
Copy of License Received:	Copy of Insurance Received: