



**VOLUNTEER APPLICATION**

**Please Print:** Date of application \_\_\_\_\_ Referred by \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ *\*Initial here\** \_\_\_\_\_

**RSVP Volunteers MUST be 55 years or older at the time of enrollment.**

Race (optional):

African American, American Indian, Anglo, Asian, Hispanic, Pacific Islander

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Volunteer Preferences:** Do you have an agency of choice? \_\_\_\_ Yes \_\_\_\_ No

If **Yes**, what agency? \_\_\_\_\_

Do you have a volunteer job preference? \_\_\_\_ Yes \_\_\_\_ No

If **Yes**, what volunteer job? \_\_\_\_\_

Do you have a geographical preference? \_\_\_\_ Yes \_\_\_\_ No

If **Yes**, what geographical area? \_\_\_\_\_

If you speak or write any additional languages, what language(s)? \_\_\_\_\_

Please list any education, skills, or training you would like to use in your volunteer work:

\_\_\_\_\_

**Background Check:** Some (not all) of our partner organizations require a criminal background check. If there is any reason you may not pass a criminal background check, please explain. \_\_\_\_\_

What was/is your main occupation? \_\_\_\_\_

Previous (or current) employer? \_\_\_\_\_

Would you like to receive our monthly email re: new volunteer opportunities? \_\_\_\_Y\_\_\_\_N

Would you like to receive text messages regarding immediate volunteer opportunities?

NOTE: Standard text rates apply \_\_\_\_Yes\_\_\_\_No

Are you a veteran? \_\_\_\_Yes \_\_\_\_No If yes, what branch? \_\_\_\_\_

Do you have an active-duty family member in the military? \_\_\_\_Yes\_\_\_\_No

Do you have any physical limitations that you want considered prior to volunteer placement?

\_\_\_\_\_

OVER PLEASE

**Please check all additional areas of expertise or volunteer interests:**

Food Pantries/Food Bank	K-12 Mentor	Fraud Prevention
Thrift Store/Resale Shop	Financial Literacy	Minor Home Repairs
Adult Education/Career Mentor	Disaster Services/Community Policing	Social Service Activity (Intakes/Education/Referrals)
Technical Computer Services	Advocacy/Nursing Home	Veterans Services

About how many hours per month do you currently volunteer? \_\_\_\_\_ Hrs/Month

**Supplemental Insurance Policy:**

ACTIVE VOLUNTEERS ARE PROVIDED FREE SUPPLEMENTAL ACCIDENT INSURANCE FROM RSVP. THIS INSURANCE PROVIDES COVERAGE WHILE YOU ARE VOLUNTEERING FOR YOUR RSVP VOLUNTEER ASSIGNMENT. SEE THE ATTACHED INFORMATION SHEET FOR DETAILS.

**Beneficiary Information** for RSVP free accident insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

What **type of transportation** will you use to reach the volunteer site? \_\_\_\_\_

**If you will be driving your car to the volunteer site please provide this additional information:**

If I drive my car for my volunteer service, I will keep automobile liability equal to the minimum limits required by Texas. **\*Initial here\*** \_\_\_ Driver's license # \_\_\_\_\_

Automobile insurance company \_\_\_\_\_

Insurance agent \_\_\_\_\_ Phone No. \_\_\_\_\_

Please attach a resume if you have one available.

I verify that the above information is accurate and truthful.

**Please sign to complete the application:**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**RSVP Staff Signature**

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