



# RSVP of Dallas & Collin Counties

Sponsored by The Senior Source



THE SENIOR SOURCE®

## Volunteer Membership Application

~ please complete the front & back ~

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

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

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

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

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? \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 a volunteer job placement?

\_\_\_\_\_

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

Adult Education/GED/Job Training/Career Mentor	Health Care Education/Exercise Class Leader	Social Service Activity (Intakes/Education/Referrals)
Community Gardening	K-5 Reading Tutor	Tax Support/Financial Literacy
Disaster Services/Community Policing	K-12 Mentor	Thrift Store/Resale Shop
Environmental Activity (Trails/Water/Recycle)	Meals on Wheels	Technical Computer Services
Food Pantries/Food Bank	Minor Home Repairs	Translator/Bilingual Services
Group Volunteering	Senior Advocacy/Nursing Home/Medicare Fraud	Veterans Services

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

**Supplemental Insurance Policy:**

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

**Beneficiary Information** for RSVP *Loss of Life* insurance benefit:

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 to 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 sign to complete the application:***

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

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

*~ FOR RSVP OFFICE USE ONLY ~*

**GENDER:** M F    **GROUP:** 1 2 3 4 5    **STATION:** \_\_\_\_\_    **JOB:** \_\_\_\_\_

**Check Focus Area:**

- Healthy Futures
- Education
- Economic Opportunity
- Environmental
- Disaster Services
- Other Community Priorities
- Capacity Building & Leverage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK VOL SCREEN LEFT BOX:** ACTIVE  MAIL

**TIME SHEET(S):**

INDIVIDUAL \_\_\_\_\_ PROJECT GROUP \_\_\_\_\_ STATION \_\_\_\_\_ (list ALL stations if at more than one):

\_\_\_\_\_  
\_\_\_\_\_

**Identity of RSVP volunteer verified by Driver's License?    YES    NO**