



# Family Service

RSVP—Retired & Senior  
Volunteer Program

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Marital Status: \_\_\_\_\_ Are you a veteran? \_\_\_ Yes \_\_\_ No

E-Mail Address: \_\_\_\_\_

**May we share your phone number and/or email address with an RSVP station? \_\_\_ Yes \_\_\_ No**  
(We will not share this information with any other person or entity)

**How did you hear about RSVP?** \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2 or E-mail address: \_\_\_\_\_

### **Volunteer Insurance Plan(s):**

**(All RSVP members are provided these insurance plans at no charge while volunteering for RSVP)**

ACCIDENTAL MEDICAL INDEMNITY: pays up to \$50,000 for expenses not covered by Medicare or other private health insurance(s).

ACCIDENTAL DEATH OR DISMEMBERMENT: pays \$2,500 for loss of life, limb or sight. Since there is a death benefit involved, please name a beneficiary (below):

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand that if I use my personal automobile in my volunteer service I will arrange to keep in effect automobile liability insurance at least equal to the minimum limits required by the State of Illinois.*

Car: Yes \_\_\_ No \_\_\_

Auto Insurance: Yes \_\_\_ No \_\_\_ Company \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration.: \_\_\_\_\_

### ***Other Information (optional):***

**Ethnicity:** \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

**Racial Group:** \_\_\_ White \_\_\_ Black/African American \_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ Native American or Alaskan Native \_\_\_ Asian

## RSVP VOLUNTEER PLACEMENT INFORMATION

**INTERESTS:** *Please check all volunteer opportunities you are available to do:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Education/Literacy<br><input type="checkbox"/> Advisory Council/Board<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Arts & Crafts<br><input type="checkbox"/> Bulk Mailings<br><input type="checkbox"/> Card Games<br><input type="checkbox"/> Childcare<br><input type="checkbox"/> Community Events<br><input type="checkbox"/> Computer Skills<br><input type="checkbox"/> Conservation/Environment<br><input type="checkbox"/> Cooking<br><input type="checkbox"/> Counseling/Advocacy<br><input type="checkbox"/> Crocheting/Knitting<br><input type="checkbox"/> Disability Services<br><input type="checkbox"/> Driving-Book Delivery<br><input type="checkbox"/> Driving-Food Delivery<br><input type="checkbox"/> Driving-Meals on Wheels<br><input type="checkbox"/> Driving-Medical Transport<br><input type="checkbox"/> Food Bank/Pantry<br><input type="checkbox"/> Friendly Visitation/Elderly<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Gardening/Environment<br><input type="checkbox"/> Gift Shops | <input type="checkbox"/> Graphic Design<br><input type="checkbox"/> Greeter<br><input type="checkbox"/> Health Education<br><input type="checkbox"/> Historical Education<br><input type="checkbox"/> Home Repair/Maintenance<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Hospital Services<br><input type="checkbox"/> Income Tax Assistance<br><input type="checkbox"/> Information Desk<br><input type="checkbox"/> Intergenerational Programs<br><input type="checkbox"/> Letter Writing<br><input type="checkbox"/> Library<br><input type="checkbox"/> Meal Preparation<br><input type="checkbox"/> Mentoring<br><input type="checkbox"/> Museums<br><input type="checkbox"/> Music<br><input type="checkbox"/> Newsletters<br><input type="checkbox"/> Office Assistance<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Public Safety<br><input type="checkbox"/> Public Speaking<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Recreation | <input type="checkbox"/> Red Cross<br><input type="checkbox"/> Senior Fair Booths<br><input type="checkbox"/> Senior Nutrition-Peace Meals<br><input type="checkbox"/> Sewing/Quilting<br><input type="checkbox"/> SHIP (Health Ins. Counseling)<br><input type="checkbox"/> Soup Kitchen<br><input type="checkbox"/> Teacher's Aide<br><input type="checkbox"/> Theater<br><input type="checkbox"/> Thrift Shop<br><input type="checkbox"/> Tutoring<br><input type="checkbox"/> Tourism Information<br><input type="checkbox"/> Usher<br><input type="checkbox"/> Veterans Services<br><input type="checkbox"/> Volunteer Recruitment<br><input type="checkbox"/> Wheelchair Escort<br><input type="checkbox"/> Woodworking/Carpentry |
|---|---|---|

Other Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Volunteer Experience:** \_\_\_\_\_

**Previous Profession(s):** \_\_\_\_\_

*I volunteer my services through the Retired and Senior Volunteer Program of Champaign, Piatt and Douglas Counties, and understand that I am NOT an employee of RSVP. I hereby give my permission to Family Service/RSVP to use any and all photographs, tapes, slides, or moving pictures taken of me for purposes of publication, news releases, posters, news coverage, or other publicity or public relations activities, including televised public service announcements and agency/program websites. I understand that prior to being enrolled in RSVP I will be screened by an RSVP staff member through the National Sex Offender Public Registry. My signature indicates my reading and understanding the above enrollment form and I agree to its terms.*

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

\_\_\_\_\_  
RSVP Program Director

**PLEASE PRINT, COMPLETE BOTH SIDES AND RETURN TO:**

**RSVP: 48 E. Main Street, Champaign, IL 61820    Tel: (217) 359-6500    Fax: (217) 359-6550**

**or Scan and Email to: [rsvpchampaign@gmail.com](mailto:rsvpchampaign@gmail.com)**

For Office Use Only

Station Assigned/Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Application Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_