



**Volunteer Application**

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *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/Alaskan \_\_\_\_ Asian

**RSVP VOLUNTEER PLACEMENT INFORMATION**

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

\_\_ Adult Education/Literacy

\_\_ Advisory Council/Board

\_\_ Animals

\_\_ Arts & Crafts

\_\_ Card Games

\_\_ Childcare

\_\_ Community Events

\_\_ Computer Skills

\_\_ Conservation/Environment

\_\_ Cooking

\_\_ Counseling/Advocacy

\_\_ Crocheting/Knitting

\_\_ Disability Services

\_\_ Driving-Book Delivery

\_\_ Driving-Food Delivery

\_\_ Driving-Meals on Wheels

\_\_ Driving-Medical Transport

\_\_ Food Bank/Pantry

\_\_ Friendly Visitation/Elderly

\_\_ Fundraising

\_\_ Gardening/Environment

\_\_ Gift Shops

\_\_ Graphic Design

\_\_ Greeter

\_\_ Health Education

\_\_ Historical Education

\_\_ Home Repair/Maintenance

\_\_ Hospice

\_\_ Hospital Services

\_\_ Income Tax Assistance

\_\_ Information Desk

\_\_ Intergenerational Programs

\_\_ Letter Writing

\_\_ Library

\_\_ Meal Preparation

\_\_ Mentoring

\_\_ Museums

\_\_ Music

\_\_ Newsletters

\_\_ Office Assistance

\_\_ Photography

\_\_ Public Safety

\_\_ Public Speaking

\_\_ Receptionist

\_\_ Recreation

\_\_ Red Cross

\_\_ Senior Fair Booths

\_\_ Senior Nutrition-Peace Meals

\_\_ Sewing/Quilting

\_\_ SHIP (Health Ins. Counseling)

\_\_ Soup Kitchen

\_\_ Teacher’s Aide

\_\_ Theater

\_\_ Thrift Shop

\_\_ Tutoring

\_\_ Tourism Information

\_\_ Usher

\_\_ Veterans Services

\_\_ Volunteer Recruitment

\_\_ Wheelchair Escort

\_\_ 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.***

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| Volunteer Signature | RSVP Program Director |

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

**RSVP: 2102 Windsor Place, Ste 3, Champaign, IL 61820 Tel: (217) 359-6500 Fax: (217) 359-6550**

**or Email to: rsvpchampaign@gmail.com**

For Office Use Only

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

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

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