



WORCESTER AREA VOLUNTEERS ENROLLMENT FORM

APPLICANT INFORMATION

Name:

Street address:

City:

State:

Zip code:

Home phone:

Work phone:

Cell phone:

Date of Birth:

Gender:

Email:

Race (Optional):

White Asian Black Indian Hispanic Other:

Previous/Current employer(s) and volunteer experience:

Club, board, committee, or group affiliation:

How did you hear about RSVP?

EMERGENCY CONTACT

Name:

Address:

Phone:

DESIGNATION OF BENEFICIARY

RSVP offers free supplemental insurance. Please designate a beneficiary to accept this insurance. Write "same" if same as Emergency Contact.

Name:

Address:

Phone:

TRANSPORTATION INFORMATION

RSVP offers limited mileage reimbursement: \$1.50 per car round trip, and .60 for bus round trip, up to \$12 and \$7.20, respectively.

Type of transportation: Personal car Bus Ride with others Other:

Driver's license number:

Expiration date:

Auto Insurance Carrier:

Do you want mileage reimbursement?

AGREEMENT

I understand that, if I use my personal automobile in my volunteer service, I must arrange to keep automobile liability insurance equal to the minimum required by the Commonwealth of Massachusetts.

I give permission for RSVP to use my name and/or photo to help promote RSVP.

Signature of volunteer:

Date:

Signature of RSVP Director:

Date:

*Please fax this form to (508) 791-7780 or mail it to:
Worcester Area RSVP 128 Providence St., Suite 305 Worcester, MA 01604*



WORCESTER AREA VOLUNTEERS ASSIGNMENT FORM

SCHEDULING PREFERENCES

How often do you want to volunteer? Daily Weekly I prefer flexible scheduling.

Check off your availability in the boxes below and specify the time if necessary:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Day							
Evening							

PLACEMENT PREFERENCES

If known, at which site(s) do you wish to volunteer?

Do you have any physical limitations?

STRENGTHS AND INTERESTS

- | | | |
|------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Activities coordinator | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> One-time/Short-term |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Gift Shop Attendant | <input type="checkbox"/> Patient Transport/Escort |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Greeter | <input type="checkbox"/> Performer |
| <input type="checkbox"/> Childhood Immunization | <input type="checkbox"/> Hospice | <input type="checkbox"/> Presenter/Public speaking |
| <input type="checkbox"/> Clerical/Administrative Assistant | <input type="checkbox"/> Housekeeping/hospitality | <input type="checkbox"/> Public Safety/Preparedness |
| <input type="checkbox"/> Construction/Carpentry | <input type="checkbox"/> Kitchen Aide | <input type="checkbox"/> Radio Reader |
| <input type="checkbox"/> Database entry | <input type="checkbox"/> Knitting/Crocheting | <input type="checkbox"/> Theatre/Arts/Museum |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Leadership Roles/Board | <input type="checkbox"/> Tutor/Mentor |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Library Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Outreach/Recruiting | |

RSVP OFFICE USE ONLY

Interviewer Name:

Badge Issued:

Placement:

Date called:

Date placed:

Placement:

Date called:

Date placed:

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