

RSVP

Retired & Senior Volunteer Program of Richland and Lexington Counties

2817 Millwood Avenue

Columbia, South Carolina 29205-1261

(803) 252-7734

E-mail: sri06@sc.rr.com

RSVP: *responding to community needs through volunteerism*

REGISTRATION

Miss/Mrs./Ms.

Birth

Mr. _____ Phone _____ Date: _____

Address _____ zip: _____

Transportation:

I will need transportation to be provided to and from my volunteer assignments.

As long as I am driving as an RSVP volunteer or to and from volunteer assignments,

I will keep my Driver's License current. Driver's License # _____

I will maintain automobile liability insurance as required by South Carolina law.

Other transportation: Taxi Walk Center or Station Provided Public None

How did you hear about RSVP? _____ E-mail: _____

Type of volunteer assignment desired: _____

Physical conditions to consider: _____

Time available: _____ Previous Occupation (s): _____

Current Volunteer Work _____

Previous Volunteer Work _____

Educational level attained: grade school high school college

Emergency Contact: _____ Relationship _____

Home Phone: _____ Work Phone: _____

To Help RSVP Know You Better - Please check below if you have interest or skill in any of these areas:

- | | | |
|--|--|--|
| <input type="checkbox"/> Help with transportation
(Grocery/shopping/Dr. appts.) | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Van Driver | <input type="checkbox"/> Typing | <input type="checkbox"/> Arts/Theater |
| <input type="checkbox"/> Delivery of noon meals | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Friendly visitor | <input type="checkbox"/> General Office Help | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Assist in schools | <input type="checkbox"/> Tax preparation | <input type="checkbox"/> Sports/physical fitness |
| <input type="checkbox"/> Teach reading | <input type="checkbox"/> Computer/word processing | <input type="checkbox"/> Singing |
| <input type="checkbox"/> History/Museum | <input type="checkbox"/> Management/Administration | <input type="checkbox"/> Music (specify instru-
ment) _____ |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Phone work from home | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Electrical work | <input type="checkbox"/> Help stuff envelopes | <input type="checkbox"/> Food Co-op |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Serve on Board of Directors | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Engine Repair | <input type="checkbox"/> Crime prevention | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Work in hospital | <input type="checkbox"/> Gardening | <input type="checkbox"/> Crocheting |
| | <input type="checkbox"/> Nurse/Nurse's aide | |

Do you prefer working with: Babies Children Teenagers Sr. Adults
 Handicapped Mentally Retarded Delinquent Youth

NOTE: As an RSVP volunteer you will be insured for accidents while volunteering. Your beneficiary would receive \$2,500.00 in case of your accidental death in connection with your volunteer work.

Designation of Beneficiary: Name (s) _____

Relationship _____ **Phone Number** _____

Address _____

I understand that the Retired & Senior Volunteer Program has very limited funds to reimburse volunteers for travel to and from their volunteer work. These funds are for those whose income prevents them from doing volunteer work without travel reimbursement.

I understand that the amount of reimbursement available may change with funding cuts/problems.

Check one:

____ *I do not need to request travel reimbursement from RSVP.*

____ *I may request travel reimbursement later.*

____ *My income is such that I cannot consider volunteer work unless I receive travel reimbursement. Round-trip mileage from home to my RSVP assignment is _____ miles.*

I volunteer my services through RSVP and understand I am not a paid employee of RSVP or of the Senior Resources, Inc.. I agree to abide by the specific responsibilities as stated in the written volunteer job description provided by the volunteer site. I give permission for RSVP to use my name and/or photo to help promote RSVP. I authorize the release of my name and applicable information to any agency where I may volunteer. I have provided the information on this form.

X _____ X _____
DATE **VOLUNTEER SIGNATURE**

Volunteer Number _____

Record of Volunteer Assignment (TO BE COMPLETED BY RSVP STAFF)

1. **RSVP Station** _____ **Code** _____
Station Assignment _____ **Code** _____ **Supervisor** _____
Time sheet direction: __Group __Individual; **Mail to:** __Volunteer __Station __Other
Day(s) and time(s) volunteering _____

2. **RSVP Station** _____ **Code** _____
Station Assignment _____ **Code** _____ **Supervisor** _____
Time sheet direction: __Group __Individual; **Mail to:** __Volunteer __Station __Other
Day(s) and time(s) volunteering _____

Computer Codes:

1st: __X __Y __Z 2nd: __A __B __C __D 3rd: __1 __2

Date _____ **RSVP Staff Signature** _____