

# RSVP Volunteer Registration Form

Retired & Senior Volunteer Program of the Midlands: Responding to Community Needs through Volunteerism  
2817 Millwood Avenue ~ Columbia, South Carolina ~ 29205-1261 ~ 803.252.7734

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Miss/Mrs./Ms.

Mr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

County Of Residence: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male  
Ethnicity: \_\_\_ American Indian or Alaskan Native: \_\_\_ Asian: \_\_\_ Black or African American: \_\_\_ Hispanic or Latino  
\_\_\_ Native Hawaiian or Pacific Islander: \_\_\_ White or Caucasian

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

## **Transportation:**

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

As long as I am driving as a 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 Provide \_\_\_ Public \_\_\_ none

Type of volunteer assignment desired: \_\_\_\_\_

Physical conditions to consider: \_\_\_\_\_

Time available: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Current and /or Previous Volunteer Work \_\_\_\_\_

Educational Level: \_\_\_ grade school \_\_\_ high school \_\_\_ college \_\_\_ College graduate

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone or Cell: \_\_\_\_\_

## **TO HELP RSVP KNOW YOU BETTER** - Please check below if you have interest or skill in any of these areas.

- |                                     |                                   |                             |
|-------------------------------------|-----------------------------------|-----------------------------|
| ___ Assist at Blood Drives          | ___ Work in Medical Setting       | ___ Electrical Work         |
| ___ Disaster Preparedness/Relief    | ___ Friendly Visitor              | ___ Engine Repair           |
| ___ Assist at congregate meal sites | ___ Gift Shop                     | ___ Gardening               |
| ___ Deliver Noon day meals          | ___ Health screening              | ___ Work with Wildlife      |
| ___ Assist in Schools               | ___ General Office Help           | ___ Sports/Physical fitness |
| ___ Foreign Language                | ___ Computer                      | ___ lead exercise class     |
| ___ Mentor a Child                  | ___ Receptionist                  |                             |
| ___ Read to a group                 | ___ Bookkeeping                   | ___ Serve on Advisory Board |
| ___ Tutor A Child                   | ___ Tax Preparation               | ___ Public Speaking         |
| ___ Teach Reading to Adults         | ___ Phone work from home          | ___ Event planning          |
| ___ Arts/Theater                    | ___ Stuff envelopes/bulk mailings | ___ Fundraising             |
| ___ Dance                           |                                   | ___ Community Organizing    |
| ___ Music                           | ___ Food Pantries/Soup Kitchen    |                             |
| ___ Singing                         |                                   |                             |
| ___ History/Museums                 | ___ Food Co-op                    | Other interest _____        |
| ___ Carpentry                       |                                   | _____                       |
| ___ Crafts                          | ___ Help with Transportation      | _____                       |
| ___ Sewing/Knitting/Crocheting      | (groceries, shopping, Dr. Apts.)  | _____                       |

In order to help us determine a suitable volunteer placement site for you, please check one or more of the following:

I prefer volunteering as part of a group assignment  I prefer one on one volunteer assignments  
 I prefer to volunteer in activities that benefit the following:  Babies  Children  
 Teenagers  Senior Adults  Physically Disabled  Mentally Disabled  Troubled Youth  Other

**NOTE; As a 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.**

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

*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 availability.*

Check one:

I do not need to request travel reimbursements 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 \_\_\_\_\_  
DATE

X \_\_\_\_\_  
VOLUNTEER SIGNATURE

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

1. RSVP Station \_\_\_\_\_  
Station Assignment \_\_\_\_\_ Supervisor \_\_\_\_\_  
Time sheet direction: \_\_\_\_\_ group \_\_\_\_\_ Individual; Mail to: \_\_\_\_\_ Volunteer \_\_\_\_\_ Station  
Day(s) and time(s) volunteering \_\_\_\_\_

2. RSVP Station \_\_\_\_\_  
Station Assignment \_\_\_\_\_ Supervisor \_\_\_\_\_  
Time sheet direction: \_\_\_\_\_ group \_\_\_\_\_ Individual; Mail to: \_\_\_\_\_ Volunteer \_\_\_\_\_ Station  
Day(s) and time(s) volunteering \_\_\_\_\_

Computer Codes: \_\_\_\_\_ Am Ind/Ala Nat \_\_\_\_\_ Asi/PI \_\_\_\_\_ Bl/AA \_\_\_\_\_ Haw/PI \_\_\_\_\_ Hisp \_\_\_\_\_ W

DATE \_\_\_\_\_

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