



## RSVP VOLUNTEER REGISTRATION FORM

Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ms.  Miss  Mrs.  Mr. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Ethnicity:  Hispanic/ Latino  Not Hispanic/ Latino

Racial Group:  American Indian/ Alaska Native American  Asian  African American

Hawaiian/ Pacific Islander  White

Kind of Volunteer Work Desired \_\_\_\_\_

Time Available: Hours \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_

Starting \_\_\_\_\_ Comments \_\_\_\_\_

Have car? Yes  No  Drivers License? Yes  No  Liability Insurance Yes  No

Are you a Veteran? Yes  No  Do you have a disability? Yes  No

What physical conditions should be taken into consideration in arranging volunteer assignments for you? \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Previous work or occupation \_\_\_\_\_

Education and training \_\_\_\_\_

General Interests \_\_\_\_\_

Previous volunteer service? \_\_\_\_\_

Most recent service? \_\_\_\_\_ When? \_\_\_\_\_

