



RSVP



United Way
of Broome County

2014

Retired & Senior Volunteer Program
Live Life Passionately... Volunteer
232 Main Street
Binghamton, New York 13905
(607) 729-9166
(607) 584-4667 Fax

CORPORATION
FOR NATIONAL
SERVICE

NAME _____ MALE _____ FEMALE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

BIRTH DATE: Month _____ Day _____ Year _____

PHYSICAL LIMITATIONS _____

MARRIED _____ SINGLE _____ Do you live alone? _____

RSVP operates a transportation program. Are you interested in riding the bus to assignments? _____

Will you drive your car to volunteer assignments? _____

I understand that if I use my automobile for a volunteer assignment I will keep in effect my Auto Liability Insurance equal to the minimum limits required by New York State.

Driver's License ID Number

Expiration Date

Auto Insurance Company Name

Please complete these two boxes in order to be enrolled in supplemental volunteer insurance complimentary for members:

In an emergency notify

NAME _____

ADDRESS _____

RELATIONSHIP _____

PHONE _____

Designation of Beneficiary of RSVP Accident Insurance

NAME _____

ADDRESS _____

RELATIONSHIP _____

PHONE _____

RSVP has my permission to use general information about my volunteer work and to use any photographs taken of me while volunteering for promotional purposes for the RSVP program. YES _____ NO _____

I volunteer my service through RSVP of Broome County and understand that I am not an employee of Catholic Charities, the sponsor agency for RSVP.

Volunteer Signature

RSVP Director Signature

Date

Time/Day Available: _____

Volunteer Site: _____

Return to _____ for follow up.

Are you a Veteran of the Armed Services: Yes _____ No _____

Please Check Highest Education Level: Grades 6-9 ___ Grades 10-12 ___ College ___ Other ___

Former Employer: _____ Former Occupation: _____

Present Volunteer Work: _____, _____, _____

How did you hear about RSVP? _____ Referred by RSVP Volunteer, Who? _____

~PLEASE CHECK ALL OF YOUR SKILLS AND INTERESTS~

<p><u>COMMUNITY ASSISTANCE</u> ___ Arts/Museum ___ Newsletter/Editing ___ Thrift Store ___ Treatment Transport ___ Van/Bus Driver</p> <p><u>DISASTER</u> ___ Preparedness ___ Recovery ___ Response</p> <p><u>EDUCATION</u> ___ Adult Education ___ Computer Literacy Instructor ___ Elementary Education ___ Head Start ___ Library Services ___ Literacy/GED ___ Pre-Elementary Day Care ___ Secondary Education ___ Youth Activities</p> <p><u>ENVIRONMENT</u> ___ Environmental Programs ___ Recycling</p> <p><u>HEALTH AND NUTRITION</u> ___ Blood Mobiles ___ Exercise Leader ___ Exercise Telephone Coach ___ Flu Clinics/Immunizations ___ Food Pantry/CHOW ___ Friendly Visitor ___ Gift/Sweet Shop ___ Health Educator ___ HIV/AIDS ___ Meals on Wheels ___ Mental Health ___ Nursing Home</p>	<p><u>HUMAN SERVICE NEEDS</u> ___ Adolescent Services/Mentor ___ Adult Day Care ___ Parent Support ___ Respite ___ Shopping Assistance ___ Tax Assistance</p> <p><u>MANAGEMENT</u> ___ Finance ___ Fundraising ___ Marketing ___ Public Relations ___ RSVP Advisory Council</p> <p><u>PUBLIC SAFETY</u> ___ Child Advocacy ___ Conflict Resolution ___ Elder Advocacy ___ Sheriff/Police Officer ___ TRIAD/Elder Safety ___ Victim Assistance</p> <p><u>SKILLS</u> ___ Calligraphy ___ Carpentry/Woodworking ___ CDL License ___ Computer Programming/Web Design ___ Crafting/Craft Shows ___ Data Entry ___ Gardening ___ Musical Instrument: What Kind? _____ ___ Photography ___ Public Speaking ___ Receptionist ___ Second Language: What Language? _____</p>	<p><u>SKILLS CONTINUED</u> ___ Singing ___ Videography</p> <p><u>SPECIAL EVENTS</u> ___ Empire State Games ___ Golf Tournaments ___ Speidie Fest</p> <p><u>OTHER INTERESTS OR SKILLS</u> _____ _____ _____ _____ _____</p> <p><u>DEMOGRAPHIC INFORMATION</u></p> <p>Ethnicity: (choose one) ___ Hispanic ___ Non-Hispanic</p> <p>Racial Group: (choose all that apply) ___ African American ___ Alaskan Native ___ American Indian ___ Asian ___ Native Hawaiian/Pacific Islander ___ White ___ Other</p>
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