



**AmeriCorps
Seniors**

RSVP and Reading Coaches for Kids Volunteer Enrollment Form



Date _____

Name _____
First Middle Initial Last

Have you ever been known by another name(s): _____

Address _____ WI _____
Street Apt. No. City Zip Code

Home Phone _____ Cell Phone _____

Email _____ I Prefer to Be Contacted by Email Phone

Date of Birth ____/____/____ (used to determine eligibility for RSVP program benefits) Male Female

Are You a Veteran? Yes No Are You a Military Family Member? Yes No

Beneficiary for RSVP Supplemental Accident Insurance _____

Relationship _____ Phone _____

If You Do **Not** Want to Name a Beneficiary, Initial Here _____

Emergency Contact Same as beneficiary? Yes No

Relationship _____ Phone _____

Are You Currently Volunteering? Yes No

If Yes, Where? _____

Other Volunteer Experience _____

Are You Currently Employed? Yes No

If Yes, Where? _____

Other Work Experience _____

How Did You Learn About RSVP? _____

What days of the week are you available? Monday Tuesday Wednesday Thursday Friday

What time of the day do you prefer? Morning Afternoon

To assist us in making your volunteer placement successful, please check all areas of interest to you:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Food Prep/Food Serving/Pantries |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Child Care/Children's Activities | <input type="checkbox"/> Handy Person/Maintenance/Minor Home Repair |
| <input type="checkbox"/> Clerical/Office Work/Data Entry | <input type="checkbox"/> Healthcare/Hospice |
| <input type="checkbox"/> Committee/Board Member | <input type="checkbox"/> Meal Delivery |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Companion/Guardian | <input type="checkbox"/> Telephone Work |
| <input type="checkbox"/> Disaster/Emergency Services | <input type="checkbox"/> Tutoring/Mentoring |
| <input type="checkbox"/> Environmental Activities | <input type="checkbox"/> Veterans and Military Families |
| <input type="checkbox"/> Reading Coaches | |

Skills you'd like to share:

Are you interested in regular (weekly or monthly) volunteer activity? Yes No

Are you interested in short-term or special event volunteer activity? Yes No

Activities restricted due to health: _____

Some volunteer positions require criminal background checks. By signing below, I give my permission for RSVP to perform a background check, if necessary.

Have you ever been convicted of a felony? Yes No

If yes, what? _____

(Notes: DWI is not considered a minor traffic offense. Criminal conviction does not disqualify you for all volunteer positions.)

By signing below, I give my permission to RSVP to use my name and/or picture in news stories, newsletters, news releases, social media, etc., to help promote RSVP. I also authorize the release of my name and applicable information to any agency where I may volunteer, and all information is accurate.

Signature of Volunteer *Date*

This information is collected for reporting purposes. It is optional and will not be shared or considered when determining placements for RSVP service.

- Ethnic group: African American Caucasian
 Native American/Alaskan Native Asian, Pacific Islander
 Hispanic Other _____

Volunteer Center, 984 Ninth St., Green Bay, WI 54304 • Phone: (920) 429-9445 • Fax: (920) 429-9449

<p>For office use only</p> <p>Date of enrollment: _____</p> <p>Birthday verification: _____ Verified ID: _____</p> <p>_____ <i>Signature of Senior Corps Staff</i></p>
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