



" A program of the Family & Community Services Inc."

VOLUNTEER ENROLLMENT FORM

RSVP OF JEFFERSON COUNTY

2700 Sunset Blvd
Steubenville, Ohio 43952
Phone (740) 346-0771
Fax: (740) 346-0798

Name: _____

Street Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

2nd Phone _____ Birthdate: _____ Anniversary _____

Ethnic Group:	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Native American/ Alaskan Native	<input type="checkbox"/> Asian, Pacific Islander
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____

Physical Limitations _____



Beneficiary for RSVP Supplemental Accident Insurance:

(You must list a person or an organization)

Same as Emergency Contact? _____ (yes or no)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ 2nd Phone _____

Emergency Contact:

Same as Beneficiary? _____ (yes or no)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ 2nd Phone _____

Please tell what are the best times for you to volunteer.

When are you available?

Claiming mileage reimbursement? YES NO

Driver's License #: _____ State Issued: _____ Exp Date: _____

*(Please provide a copy of your driver's license and proof of insurance upon enrollment.
This will be kept on file in the RSVP office for all volunteers)*

Do you have liability insurance equal to or greater than the minimum required by the State of Ohio? _____

What company? _____ Exp. Date? _____

1. Previous Occupation/ Duties: _____

2. Volunteer Experience: _____

3. Previous Duties: _____

4. ***Other Facts, Interests & Hobbies _____

5. How many hours each week do you want to volunteer? _____

6. Do you want to be added to our special call list for Volunteer Opportunities?
 YES NO

7. Are you willing to submit to a criminal background check? YES NO

8. Have you ever been convicted of a crime? YES NO
Please explain: _____

9. Do you give your consent for your name, birth date month and day & photo or likeness
(copied photo, scanned &/or digitized) to be published in the local Newspaper, RSVP & Senior
Corp articles, RSVP newsletters & all other marketing materials for RSVP?
 YES NO

10. How did you hear about RSVP? _____

11. Why did you want to become an RSVP volunteer? _____

Please check all items below that interest you.

- | | | |
|--|---|-------------|
| <input type="checkbox"/> Clothing Distributions | <input type="checkbox"/> Food Service | |
| <input type="checkbox"/> Administrative Support/Management | <input type="checkbox"/> Personal Services | |
| <input type="checkbox"/> Office Support/Clerical | <input type="checkbox"/> Education/Day Care | |
| <input type="checkbox"/> Arts/Entertainment/Culture | <input type="checkbox"/> Justice/Government | |
| <input type="checkbox"/> Home Maintenance/Skilled Trades | <input type="checkbox"/> Health/ Medical | |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Animals | |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Social Services | Other _____ |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Meet/Greet/Visit | Other _____ |
| <input type="checkbox"/> Library | <input type="checkbox"/> Mailings | Other _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Advisory Council | Other _____ |

By Signing below, I hereby volunteer my services with the Retired & Senior Volunteer Program
Also, if driving for the program, I agree to keep in effect my automobile liability insurance equal to or
greater than the minimum required by the RSVP of Jefferson County & by the state of Ohio.

Volunteer Signature

Date

RSVP Director's Signature

Date

(See Reverse Side)