



Retired & Senior Volunteer Program

320 North Main Street #194 • Wheatland, MO 65779 • (P) 417.282.RSVP (7787) • (F) 417.282.7788 • dbrownrsvp@centurylink.net

Volunteer Registration

Name: _____ M ____ F ____ Birth Date ____/____/____

Address: _____

Street (Please include P. O. Box Also)

City

State

Zip

County of Residence: _____ Phone: _____ Alt. Phone: _____

Email: _____ Do you receive Veterans Benefits: Yes No

Educational Level Completed: High School Graduate GED Some College/Vocational
Associates Degree Bachelor's Degree Masters

Can you speak another language, if yes what language(s)? : _____

Race/Ethnic Identity: White, not of Hispanic/Latino Origin Hispanic/Latino Asian

Black or African American American Indian/Alaska Native Hawaiian/Pacific Islander

How did you hear about RSVP? _____

Are you willing to be put on an **on-call list** for special one-time projects? YES NO MAYBE

Skills and Interest you would enjoy volunteering (*Circle all that apply*)

- | | |
|-----------------------------------------------|---------------------------------------------------------------|
| Nutrition/Food | Activity and Marketing of Senior Programs |
| Friendly Visitor/Telephone Reassurance | Media/Publication/Newsletter |
| Clerical/Receptionist | Transportation (Provide A Ride (PAR) or Driver/Escort) |
| Nursing Home Ombudsman | Benefits Counseling |
| Lawn/Garden | Board Member/Advisory Council |
| Carpentry/Woodwork | Food/Clothing Bank |
| Health/Wellness/Fitness | Literacy/Tutoring/Mentoring |

Other Interests/Specific site you would like to volunteer at: _____

Current Civic/Community or Volunteer Involvement: _____

Volunteer County(s) of interest: Circle all that apply: **Benton Cedar Henry Hickory St. Clair**

Please list 2 local person we should call in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

RSVP Volunteers receive accident insurance. Who would you like to designate as your beneficiary?

Name: _____ Relationship: _____ Phone: _____

Photo Release

I have no objection to the use of my picture by RSVP for the specific purpose of publicity, public relations, or educational promotion, providing it is legitimately published with discretion, and I have given my consent.

Agree

Disagree

Automobile Insurance

Method of transportation: Own Car Friend OATS, or other transportation

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect automobile liability equal or greater than the minimum required by the State of Missouri.

Driver's License Number: _____ Auto Insurance Company _____

Social Security Number: _____

I will volunteer my services through the RSVP and I understand that I am not an employee of RSVP Care Connection for Aging Services or my volunteer station.

Signature of Volunteer _____ Date _____

Signature of Program Staff _____ Date _____

Please remit to: RSVP-Deanna Brown, RSVP 320 North Main Street #194 Wheatland, MO 65779

dbrownrsvp@centurylink.net

Phone: 417-282-RSVP (7787)

Fax: 417-282-7788

PROVIDE COPY OF CURRENT DRIVERS LICENSE OR PICTURE I.D.