

Executive Director Signature \_\_\_\_\_ Signature Date \_\_\_\_\_



# RSVP Volunteer Registration Form

Mesa County RSVP, Inc. -- P.O. Box 1077 -- Grand Junction, CO 81502

(PLEASE PRINT)

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City, State) (Zip)

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender:  Male  Female

• Check the appropriate boxes regarding race and marital status (Optional)

Caucasian  African American  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native

Married  Single Spouse's Name \_\_\_\_\_ Spouse a Volunteer?  Yes  No

• Are you a veteran?  Yes  No Branch of Service \_\_\_\_\_

• Transportation Information: (Please complete the following)

Do you wish to work within walking distance?  Yes  Not necessary

Will you drive to and from your assignment?  Yes  No

• RSVP's **FREE** Accident and Liability Insurance requires a valid driver's license and liability insurance be in effect:

Drivers License Number: (State) \_\_\_\_\_ (Number) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

Who is your Auto Insurance Coverage with? \_\_\_\_\_

• Who would you like us to notify in case of an emergency?

\_\_\_\_\_  
(Name) (Address) (City/State/Zip) (Phone)

• What was/is your main occupation? \_\_\_\_\_ Company Name: \_\_\_\_\_

Does your current/former employer have a matching donation program for employees?  Yes  No

• Do you speak a foreign language?  Yes  No If yes, what language? \_\_\_\_\_

• What level of education have you have?  High School Grad  Some College  College Grad  Advanced Degree

• List any conditions (physical or other) which may limit your assignment \_\_\_\_\_

Need Sit-Down Work  Cannot Climb Stairs  Cannot Lift  Other \_\_\_\_\_

• Do you require assistance or accommodations in order for you to participate in volunteer activities?  Yes  No

If so, what do you require? \_\_\_\_\_

Have you registered with RSVP before? \_\_\_\_\_

• How did you find out about RSVP? \_\_\_\_\_

Name of person referring, if applicable \_\_\_\_\_

• Are you currently volunteering?  Yes  No If yes, where and job title \_\_\_\_\_

(OVER)

**Please identify your areas of interest:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advisory Councils<br><input type="checkbox"/> Aid to Needy<br><input type="checkbox"/> Animal Care/Shelters<br><input type="checkbox"/> Art, Entertainment and Culture<br><input type="checkbox"/> Arts and Crafts<br><input type="checkbox"/> Board of Directors<br><input type="checkbox"/> Business Development<br><input type="checkbox"/> Committees<br><input type="checkbox"/> Community Information/Betterment<br><input type="checkbox"/> Computers and/or Data Entry<br><input type="checkbox"/> Crime Prevention<br><input type="checkbox"/> Disability Services<br><input type="checkbox"/> Driving | <input type="checkbox"/> Emergency Preparedness<br><input type="checkbox"/> Environment, Parks<br><input type="checkbox"/> Food Distribution<br><input type="checkbox"/> Handyman Project<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Hospitals/Health Delivery<br><input type="checkbox"/> Literacy/Libraries<br><input type="checkbox"/> Medical Information Assistance<br><input type="checkbox"/> Mental Health Programs<br><input type="checkbox"/> Museums<br><input type="checkbox"/> Musician<br><input type="checkbox"/> Nursing Homes/Assisted Living<br><input type="checkbox"/> Office Work | <input type="checkbox"/> One Time Projects<br><input type="checkbox"/> School Volunteer<br><input type="checkbox"/> Senior Programs<br><input type="checkbox"/> Services to Youth<br><input type="checkbox"/> Support Groups<br><input type="checkbox"/> Tax Payer Assistance<br><input type="checkbox"/> Telephone Work<br><input type="checkbox"/> Tutoring Children<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> |
|--|---|--|

**List any skills, training, talents or hobbies you have you feel would be helpful in your volunteer work. Include areas of expertise or special interests:**

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**Other volunteer activities in which you have been involved:**

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**DESIGNATION OF BENEFICIARY**

**I designate as beneficiary of my RSVP accidental death insurance the following person(s):**

**Beneficiary Name** (Full Legal Name) \_\_\_\_\_

**Relationship to You** (Son, daughter, other)

**Beneficiary Address** (Include City, State & Zip) \_\_\_\_\_

**Primary Phone #**    Home    Cell    Work

**Secondary Phone**    Home    Cell    Work

**PHOTO RELEASE, PLEASE CHOOSE ONE (Signature Required)**

***I DO give*** Mesa County RSVP, Inc. permission to use my likeness in photograph(s)/video in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by Mesa County RSVP, Inc., in perpetuity. I will make no monetary or other claim against Mesa County RSVP, Inc. for the use of the photograph(s)/video. **OR**

***I DO NOT give*** Mesa County RSVP, Inc. permission to use my likeness in photograph(s)/video in any and all of its publications or on the World Wide Web, whether now known or hereafter existing, controlled by Mesa County RSVP, Inc., in perpetuity.

\_\_\_\_\_

\_\_\_\_\_

Signature of Volunteer

Date Signed

**PLEASE READ AND SIGN TO COMPLETE YOUR REGISTRATION: (Signature Required)**

*I have completed the full RSVP registration form and will volunteer my services through the Mesa County Retired & Senior Volunteer Program, Inc., (RSVP). I understand that I am not an employee of RSVP. It is also understood that if I use my personal automobile in any of my volunteer assignments, I will arrange and keep in effect a valid driver's license and automobile insurance equal to the minimum as required by Colorado State law.*

\_\_\_\_\_

\_\_\_\_\_

Signature of Volunteer

Date Signed