

AmeriCorps Seniors RSVP Program of Wayne County

VOLUNTEER REGISTRATION FORM

Detroit Office

2630 W. Lafayette, Suite B
 Detroit, MI 48216
 Phone/Fax - 248-291-3211

Western Wayne County Office

26155 Richardson
 Dearborn Heights, MI 48127
 Phone/Fax - 248-809-1646

DATE:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	NAME:	
ADDRESS:	CITY:	ZIP:
TELEPHONE:	BIRTHDATE:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower		
E-MAIL:	Please include a copy of ID i.e., driver's license	

A. VOLUNTEER STATEMENT

I will volunteer my services through the Retired and Senior Volunteer Program of Wayne County, Michigan, and I understand that I am not an employee of RSVP or Catholic Charities of Southeast Michigan.

B. DESIGNATION OF BENEFICIARY (RSVP provides an insurance policy to you at no cost.)

NAME:	PHONE:
-------	--------

- C. TRANSPORTATION** I will drive my own car I will get a ride
 I will use public transportation I will walk

D. MEDIA CONSENT

May RSVP may have permission to use your likeness for promotional purposes? Yes No

E. VOLUNTEER INSURANCE STATEMENT (Complete only if driving your own car)

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect an automobile liability insurance equal to the minimum limits required by the State of Michigan and maintain a valid driver's license

Michigan Driver's License #:	Expiration Date:
------------------------------	------------------

Volunteer Signature

Date

RSVP Staff Signature

Date

PLEASE COMPLETE OTHER SIDE

For office use only: DOB verified by ID: (Staff initials) _____

ACTIVITY CHOICE: Check interests. Circle preference when 2 are given together.

- Tutoring / Mentoring Meals on Wheels Food Pantry/Thrift store
- Homeless Services Museums Community Gardens
- Hospital Volunteer: info desk, gift shop, etc.
- Pen Pal Program SWL/Telephone Reassurance
- Senior Centers: TEFAP/Commodities, Gift Shop, Exercise Class, Health Screenings
- Blood drives Other: _____
- Volunteer Site: _____
Day Available _____ Times: _____

How did you hear about RSVP? _____

EMERGENCY CONTACT:

PHONE NUMBER:

The information requested below is for statistical purposes as requested by various funding sources. It will be available to authorized personnel only.

Do you have physical limitations affecting placement? If yes, please explain.

A. ETHNIC ORIGIN: Black White Native American Asian/Pacific Islander

B. ARE YOU MULTI-RACIAL? Yes No C. ARE YOU HISPANIC? Yes No

D. ARE YOU A VETERAN? Yes No E. THE SPOUSE OF A VETERAN? Yes No

F. IS ANYONE IN YOUR FAMILY SERVING IN THE MILITARY? Yes No

G. Do you identify as LGBTQ? Yes No

H. Do you identify as a member of the disability community? Yes No