



SENIOR VOLUNTEERS  
IN ACTION

### Senior Volunteer Enrollment Form

Please mail application to: **RSVP/SVA AIS**  
5560 Overland Ave., Ste. 310, San Diego, CA 92123-1204 OR  
Email: [Armida.Martinez@sdcounty.ca.gov](mailto:Armida.Martinez@sdcounty.ca.gov) or [Erika.Sosa@sdcounty.ca.gov](mailto:Erika.Sosa@sdcounty.ca.gov)

#### Personal Information (All information on this form is confidential)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female Other: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Statistical Information (check all boxes that apply, optional):

- American Indian or Alaskan Native  Asian  Black or African American
- Hispanic or Latino  Native Hawaiian or Pacific Island  White  Other

Previous occupation: \_\_\_\_\_

- Have you ever served in the United States military?  Yes  No
- Are you a spouse of someone who has served in the U.S. military?  Yes  No
- Have you ever been convicted of an offense against the law?  Yes  No
- Are you a member of the U.S. Armed Forces  Yes  No
- Do you have a family member actively serving in the military?  Yes  No

Do you need any accommodations to perform the duties of a volunteer? If so, please explain (Example: Handicap access to buildings, limited mobility, etc.): \_\_\_\_\_

#### Supplemental Insurance while Volunteering. Required Information

Volunteers with hours are covered by supplemental insurance, including an accidental death benefit. Please provide beneficiary information below:

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

RSVP/SVA also provides supplemental accident insurance. Do you have a car?  Yes  No  
Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Auto Insurance Company: \_\_\_\_\_

I hereby certify that if I use my personal vehicle for my volunteer assignment, I will keep in effect a valid driver's license and vehicle insurance. I understand that my photo, participating in volunteer activities, may be used in the volunteer website or other Aging & Independence Services materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please also complete page two ⇨

**Volunteer Interest and Skills -please circle interest (I) and/or skill (S)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>S</b> Assisting in events              | <input type="checkbox"/> <b>S</b> Gleaner – Gathering surplus food | <input type="checkbox"/> <b>S</b> Office Management            |
| <input type="checkbox"/> <b>S</b> Administrative work              | <input type="checkbox"/> <b>S</b> Habitat Protection               | <input type="checkbox"/> <b>S</b> Office Support               |
| <input type="checkbox"/> <b>S</b> Arts or Crafts                   | <input type="checkbox"/> <b>S</b> Hospital Volunteer               | <input type="checkbox"/> <b>S</b> Phone – Office               |
| <input type="checkbox"/> <b>S</b> Companionship/Visit              | <input type="checkbox"/> <b>S</b> Information Assistant            | <input type="checkbox"/> <b>S</b> Senior Center Aide           |
| <input type="checkbox"/> <b>S</b> Computer Skills                  | <input type="checkbox"/> <b>S</b> Intergenerational Activities     | <input type="checkbox"/> <b>S</b> Senior Volunteer Patrol      |
| <input type="checkbox"/> <b>S</b> Computers, Technology            | <input type="checkbox"/> <b>S</b> Intergenerational Games          | <input type="checkbox"/> <b>S</b> Veteran Services             |
| <input type="checkbox"/> <b>S</b> Delivery – Meals                 | <input type="checkbox"/> <b>S</b> Law Enforcement                  | <input type="checkbox"/> <b>S</b> Visit/call Homebound Seniors |
| <input type="checkbox"/> <b>S</b> Disaster Preparedness            | <input type="checkbox"/> <b>S</b> Library Assistant                | <input type="checkbox"/> <b>S</b> Volunteer Coordinator        |
| <input type="checkbox"/> <b>S</b> Docent/Tour Guide                | <input type="checkbox"/> <b>S</b> Maintenance/Repairs/Home         | <input type="checkbox"/> <b>S</b> Writing Skills               |
| <input type="checkbox"/> <b>S</b> Driver/Transportation Assistance | <input type="checkbox"/> <b>S</b> Museum Host/Hostess              | <input type="checkbox"/> <b>S</b> Researching                  |
| <input type="checkbox"/> <b>S</b> Environmental Stewardship        | <input type="checkbox"/> <b>S</b> Native Plant Conservation        | <input type="checkbox"/> <b>S</b> Newsletter Development       |
|  |  | <input type="checkbox"/> <b>S</b> Other _____                  |

I would also like to be contacted for periodic one- time special volunteer opportunities  Yes  No

How far are you willing to commute to volunteer? \_\_\_\_\_

Planned mode of transportation to volunteer assignment:  Car  Bus  Carpool  Taxi

I am presently volunteering.  Yes  No

IF YOU ARE VOLUNTEERING, WHERE? \_\_\_\_\_

How would you like to receive the newsletter?  Email  Regular mail

How did you find out about this volunteer program?  Friend  Staff  Newspaper

Internet  Resource Fair  Other \_\_\_\_\_

Were you recruited by an existing volunteer?  Yes  No If Yes, name of volunteer \_\_\_\_\_

FOR RSVP OFFICE USE ONLY	
Volunteer Station:	Job Title:
<input type="checkbox"/> RSVP <input type="checkbox"/> AIS Volunteer Program	RSVP Staff Initials:
Welcome Packet Sent _____ / _____ / _____	Entered in Computer _____ / _____ / _____