



Senior Volunteer Enrollment Form

Please return your completed application to: RSVP/SVA AIS
5560 Overland Ave., Ste. 310, San Diego, CA 92123-1204
Phone: (858) 505-6399

Personal Information (All information on this form is confidential)

Name: Date of Birth:

Address: Email Address:

City/St/Zip Phone:

Gender: Male Female

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)

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