



RSVP FOOTHILL COMMUNITIES

Retired and Senior Volunteer Program 55 and older

Sponsored by Community Senior Services & the Corporation for National and Community Service

141 Spring Street, Claremont, CA 91711

(909) 621-9900 x 223 Email: rsvplinda@linkline.com

Membership Form

Name _____ Date of birth _____ Male Female

Address _____
 (Street) (City) (State) (Zip)

Telephone #: _____ Email: _____

WORK AND VOLUNTEER EXPERIENCE (Use additional paper is necessary):

PRIORITY INTEREST

- | | | |
|--|--|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Health & Human Services | <input type="checkbox"/> Police Patrol |
| <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> Help lines | <input type="checkbox"/> Senior Nutrition/Meals on Wheels |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Hospice | <input type="checkbox"/> Tutor/Mentor Children |
| <input type="checkbox"/> Friendly visitation | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Volunteer driver |
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Mail Preparation | <input type="checkbox"/> Other: |

COMMITMENT

- Project based Weekly Monthly Daily Occasionally Spontaneously

Are you currently volunteering anywhere? Yes No

If Yes, where: _____

Do you have physical limitations that would impact the type of volunteer work that you do? Yes No

Are you a Veteran? _____ Yes No

SPECIAL ON CALL LIST: - Local non-profits are often looking for assistance with special one-time or short-term projects. Would you like to be on our **EMAIL ONLY** on-call list to receive notification for these occasional special events/projects? Yes No

HOW DID YOU HEAR ABOUT RSVP?

- | | |
|--|---|
| <input type="checkbox"/> RSVP member | <input type="checkbox"/> Newspaper/Publication (specify where): |
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> Presentation (specify where): |
| <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> Volunteermatch.org website |
| <input type="checkbox"/> Community Senior Services website | <input type="checkbox"/> Other: |

Please complete both sides of membership form

MUTUAL UNDERSTANDING

I _____ volunteer my services through Foothill Communities RSVP, and understand that I am not an employee of any member agency, sponsor or grantees.

I understand that I should use my personal automobile to and from my volunteer work station; I will carry Automobile Liability Insurance equal to or greater than the minimum limits required by the State of California.

I understand that the supplemental volunteer insurance as provided by RSVP is at no cost to me.

I understand that if my volunteer hours are not recorded on a workstation time sheet that I should submit a quarterly record of my volunteer hours.

I understand I am responsible for updating the RSVP office of any changes in the information on this registration form.

By initialing here _____, I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational materials for the coalition or its member organizations.

Signature of Volunteer

Date

Signature of Director

Date

Needed for Excess Automobile Liability Insurance

Driver's License number: _____ License expiration date: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone :() _____

Emergency Contact Information:

Name: _____ Relationship to you: _____

Emergency contact telephone number(s): _____

The following questions are for statistical purposes only. This information is required by our federal funder. *You have an option to answer or not.* Please be assured that the following information is confidential and will only be reported as anonymous data to secure future funding for senior volunteerism

Ethnicity/Race: _____ **Head of Household:** Yes No

FOR RSVP USE ONLY:

Partnering Agency(s) assigned: _____ Date _____

Welcome packet sent on _____ Posted on _____

Signature of RSVP Representative _____

CONTENTS OF THIS FORM ARE TO BE HANDLED AS CONFIDENTIAL IN ACCORDANCE THE PRIVACY ACT OF 1974.