we feed. we shelter. we support.

Volunteers of America

we care

RSVP Larimer Flood Recovery Program Volunteer

Return completed, signed form to:
405 Canyon Ave., Fort Collins, 80521
OR Email to helpout@frii.com **OR Fax** to 970-472-8393

How did you hear about RSVP? (check one):

☐United Way 211 or 1-800-Volunteer ☐Church ☐Internet ☐Newspaper ☐Radio ☐Volunteer Fair

☐Presentation/ Volunteers of America Staff ☐Community Publication ☐Word-of-Mouth (not another volunteer)

☐ My Current Volunteer Position *(please tell us where!)*_____

☐Another Volunteer (*please provide name so we can thank him/her!*) _____

PERSONAL INFORMATION: Please print clearly

Name: _____
(LAST) (FIRST) (MI)

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Date of Birth: _____/_____/_____ **E-mail address:** _____

Gender: ☐ **Female** ☐ **Male** **Are you a Veteran?:** ☐**Yes** ☐**No**

Is a member of your family actively serving OR a veteran of the armed forces? ☐**Yes** ☐**No**

Ethnicity (*Optional*): ☐**White (non-hispanic)** ☐**Hispanic** ☐**Black** ☐**Asian** ☐**Asian Pacific Islander**
☐**American Indian/Alaskan Native** ☐**Other (***please specifiy)*_____

AUTO INFORMATION:
Driver's License #: _____ State: _____ Expires: _____

Do you have automobile insurance? ☐ Yes ☐ No

Colorado requires that all drivers have auto insurance and a valid drivers license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado Drivers license and minimum automobile insurance. Please Initial: _____ Date: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____Phone:_____

WHERE DO YOU CURRENTLY VOLUNTEER?:_____

WHAT DO YOU DO THERE?: _____

ACKNOWLEDGEMENT:
I understand the information on this form is completely confidential. I realize I am not an employee of Volunteers of America or any of the sites where I serve. I understand that Volunteers of America will require a background check, depending on my volunteer assignment. I understand that any information or omission may disqualify me from further consideration for volunteering and may result in my dismissal. I have read, understand, and by my signature consent to these statements.

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____