

Today's Date: _____



RSVP Volunteer Application

Personal Information

Name:					
Street Address:					
City:		State:		Zip:	
Home Phone:					
Work Phone:					
Cell Phone:					
E-Mail Address:		Birth Date:	(month/day/year)		

Male Female Are you a U.S. Veteran? Yes No
 Are you the spouse, child or parent of a Veteran? Yes No

Ethnicity (Optional)

African American American Indian/Alaskan Native Asian/Pacific Islander Hispanic White

Interests - Tell us in which areas you are interested in volunteering

Arts

- Crafts/Games/Bingo
- Crocheting/Knitting
- Cooking
- Playing Music/dancing

Crisis Intervention

- Thrift Store, Food Bank
- Homelessness, Shelters
- Disaster Preparedness, Response

Diversity/Culture/Language

- People with disabilities
- Multiple Languages/Interpreter
- ESL Instruction

Education

- GED Instruction
- Tutor/Mentor Children
- Reading to Children
- Career/Life Skills Coach

AGE PREFERENCE _____

Financial

- Cashier
- Financial Literacy
- Entrepreneur Coaching

Other:

- One-time special projects and events

Health & Fitness

- Retired Nurse
- Ambassador (assisting patients in hospitals)
- Exercise Instructor
- Food Service/Distribution

Light Construction

- Handyman (grab bars, railings)

Museums/Historic Preservation

- Docent/Tour Guide
- Research
- Exhibit Display

Nature/Outdoor/Environment

- Gardening
- Sustainability
- Maintaining Trails

Seniors

- Senior Dining Site
- Senior Companion/Friend

Transportation

- Meals on Wheels
- Drivers to appointments

Veteran Services

- Administrative
- Education
- Hospitality

How did you learn about the RSVP program? _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

*if yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application

Previous Volunteer Experience

Are you currently volunteering for one of our volunteer stations? Yes No

If yes, please list where you are now volunteering and describe your duties:

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Supplemental Insurance Coverage

As an RSVP volunteer, you are automatically covered, at no cost to you, by supplemental: 1) accident insurance 2) personal liability insurance 3) excess automobile liability while you are volunteering in the program and while on your way to and from your volunteer agency/agencies, and 4) accidental death insurance. To ensure coverage, please provide the following information:

Driver's License No.		State:		Expiration Date:			
Beneficiary							
Relationship							
Phone							
Address		City:		State:		Zip:	

IF YOU PREFER YOU CAN DESIGNATE ESTATE AS BENEFICIARY. IF NO ONE IS LISTED, ESTATE WILL BE ASSUMED AS YOUR BENEFICIARY.

Please indicate if RSVP may have permission to use your likeness?

I hereby grant Denver RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the Internet, whether known or hereafter existing, controlled by RSVP or Denver in perpetuity. I will make no monetary or other claim against Denver RSVP for the use of these photograph(s)/Video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Denver RSVP

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

The Volunteers of America's Retired & Senior Volunteer Program is available to eligible people regardless of race; color; national origin; English proficiency; sex; age; political affiliation; sexual orientation; religion; or on the basis of disability.

Thank you for completing this application form and for your interest in volunteering with us. The office will be contacting you shortly. For questions, please call: 303-297-0408

FOR STAFF USE ONLY

Staff signature_____

Date_____