



Today's Date: _____



RSVP Volunteer Application

Personal Information

Name:					
Street Address:					
City:		State:		Zip:	
Home/Cell Phone:					
E-Mail Address:					
Birth Date (month/day/year):					
Driver's License #:		State:		Expiration Date:	

Gender Male Female

Are you a U.S. Veteran? Yes No

Are you a family member of a Veteran? Yes No

Are you a family member of an Active Duty Military Member? Yes No

Race (Optional):

Ethnicity (Optional):

- African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/ Pacific Islander
- White

- Hispanic/Latino
- Not Hispanic/Latino

RSVP Four Focus Areas Include: Healthy Futures, Education, Veteran Services, and Community Needs

Senior Independent Living Resources:

- Meals on Wheels
- Handyman
- Driver/Companion
- Exercise Instruction
- Healthy Aging Education
- Senior Dining Facilities

Education:

- Cooking/Nutrition Education
- Reading for Peace
- GED/ESL
- Tutoring/Reading/Elementary
- Coach Life Skills/Mentor
- Disaster Prep/Community Resilience speaker's bureau

Veteran Service/Active Duty Military Families:

- Administrative
- Patient Visitor
- Hospitality (Knitting, Crocheting, Food Services)
- Other Services (Socks for Vets, USO, food drive)

Capacity Building & Community Needs:

- Thrift Store
- Gardening
- Crisis Intervention
- Senior Center Activities
- One-time special projects & events

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.

Current Volunteer Experience

Are you currently volunteering? Yes No

If yes, please list where you are volunteering:

Beneficiary for Supplemental Accident Insurance:

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact:

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

Beneficiary Contact:

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 _____