



RETIRED AND SENIOR VOLUNTEER PROGRAM OF MONROE COUNTY
VOLUNTEER ENROLLMENT FORM

DATE _____ / _____ /20_____

Name _____

Birthdate _____ / _____ / _____
 Under 55 Over 55

Street _____ City _____ State _____ Zip _____

Home # () _____ Cell # () _____

Email: _____ @ _____ Male Female

Demographics: **Optional** Afro American Asian Caucasian Hispanic Native American/Alaskan Veteran

Emergency Contact: _____ Relationship _____

Home # () _____ Cell # () _____

List below beneficiary for RSVP Accident Insurance: Check here if Beneficiary is the same as Emergency Contact

Name _____ Relationship _____

Address _____ Phone # _____

Please read each of the boxes carefully and initial

Time Sheet:

A monthly time sheet is to be submitted by the 10th of each month. A minimum of 25 hours a year is required to remain active.
Initial _____

PA Criminal Clearance

A PA State criminal clearance is required before I am placed in a volunteer position. (additional clearances may be required for specific placements.)
Initial _____

Automobile Information

Valid PA Drivers License? Y N
License #: _____
PA Liability Insurance? Y N
Which Company? _____

Remuneration

I will not accept any payment for my volunteer services.
Initial _____

Confidentiality Clause

I will respect clients' and agencies' rights to privacy and confidentiality.
Initial _____

Publicity

I give my permission for RSVP to use any photograph in which I may be included for publicity purposes.
Initial _____

Signature of RSVP Volunteer **X** _____

Signature of RSVP Director _____

Please continue on the reverse side



RETIREE AND SENIOR VOLUNTEER PROGRAM OF MONROE COUNTY
VOLUNTEER ENROLLMENT FORM

DATE ____/____/20____

Previous Work/Occupation _____

Past Volunteer Service _____

Reference Name: _____ Phone# () _____ Relationship _____

Please Check the areas that match your personal interests.

- Bulk Mailing
 - Clerical
 - Data Entry & Computer Work
 - Disaster Recovery (Training provided)
 - Food Delivery
 - Food Pantry/Soup Kitchen
 - Friendly Visitor
 - Friendly Telephone Calls
 - Grocery Shopper
 - Resale or Thrift/ Clothing
 - Willing to be trained for other opportunities
 - Work with Disabled
- Foreign Language Interpreter : **Which Language?** _____

INTEREST AREA

Circle all that apply

- Entertainment: Singing Dance Musician Instrument _____
- Environmental: Water Testing Recycling Cleaning & Beautification Other _____
- Nature: Leading Hikes Marking Trails Pet Care Orienteering Other _____
- Outdoor Work: Rake Leaves Yard Clean Up Mowing Litter Control Snow removal,
- Teach others: Crafts Language Traditions/Heritage Basic skills Computer Basics
- Veteran Programs: Re-entry Career Training Transportation Counseling
- Driving patients to medical appointments: **(Drivers clearance required)**
- Hospice Care/Patient Care: **(Training will be provided)**
- Public Speaking: **Topic** _____
- Tutoring/Child Care: **(Education clearances required)**

<p>Minor Home Repair Work: Do you have: <input type="checkbox"/> Truck <input type="checkbox"/> Own Tools</p> <p>Areas of Expertise: Electric Plumbing Carpentry General Labor</p>

Other Areas Of Interest _____

DAY/HOURS OF AVAILABILITY: _____

This form must be returned before going on the Program. Send to the RSVP of Monroe County, 411 Main Street, Suite 102B, Stroudsburg, PA 18360. RSVP office hours are 8-4:30 M-F; Telephone (570) 420-3747; FAX (570) 420-3732; email mturitz@co.monroe.pa.us

For Internal Use Only: Please Do Not Write In The Section Below