



## RSVP Volunteer Enrollment Form

Please **print** and complete all sections.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Sex:  Male  Female Other: \_\_\_\_\_

Veteran:  Yes  No US Armed Forces Served: \_\_\_\_\_

Marital Status:  Married  Widowed  Divorced  Separated  Never Married  No answer

Household Composition:  Lives alone  With spouse  With children  With relatives  Others

Monthly Income (optional): \_\_\_\_\_ Number in household: \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Medical Insurance:  Medicare A  Medicare B  Medicaid  Other \_\_\_\_\_

Part Time Resident?  Yes  No If yes, date leaving \_\_\_\_\_

Out of State Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Do you have a car?  Yes  No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Transportation for volunteer work: Bus \_\_\_\_\_ Family/friend \_\_\_\_\_

Drive \_\_\_\_\_ Walk \_\_\_\_\_

**\*\*\* Please provide copy of driver's license & vehicle insurance card if using own transportation. \*\*\***

Volunteer's Employment Experience \_\_\_\_\_

Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience \_\_\_\_\_



Preferred volunteer assignments (See Volunteer Station List)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Days/Hours Available \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary for RSVP Supplemental Accident Insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**I understand that public relations are an important part of volunteering for Kaua'i RSVP. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow Kaua'i RSVP to use any photograph taken of me for use in public relations efforts. Kaua'i RSVP will use reasonable efforts to inform me, but such notification is not a condition of the photographs released for public relations purposes. I also certify that the information provided on this form is true and accurate. I understand that this information will be kept confidential and will be used for statistical purposes and/or to help me receive any benefits or services to which I may be eligible. I hereby authorize the release of information that has been obtained about me for the above purposes.**

SPECIAL ON-CALL LIST – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. Volunteer leaders will call volunteers on our list when we receive requests for assistance from the non-profits.

Would you like to be included on our Special On-Call List?  Yes  No

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

How did you learn about RSVP:    Outreach event    Friend    Family member    AEA staff  
   Newspaper    Website    ■ Other    **Hawaii SHIP website**

\*\*\*\*\*By signing this Enrollment Form, the volunteer certifies that he/she is at least 55 years old\*\*\*\*\*

\_\_\_\_\_  
Signature of Volunteer                      Date                      Signature of RSVP Staff                      Date

\*\*\*\*\*  
**No person shall be excluded from or denied equal opportunity for participation in, the benefits of any County employment, programs, services or facilities provided by any County entity, or any contractor of any County entity, on the basis of race, sex, age, religion, disability, or any other classification protected by state or federal law.**  
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**FOR OFFICE USE ONLY:**

Station(s) assigned \_\_\_\_\_

Date(s) assigned \_\_\_\_\_

Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

**Enrollment Form: Detachable Addendum**

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.

**Are you US Citizen?** Yes No

**Are you Hispanic or Latino?** Yes No

**What is your race?** (Select one.)

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the peoples of Europe, the Middle East, or North Africa.