



## Retired & Senior Volunteer Program (RSVP) Application

The RSVP program provides volunteer opportunities for adults age 55 and over at local schools, hospitals, libraries and non-profit organizations. The RSVP program encourages volunteers to use their life experience and skills to improve the lives of others. In Guilford County the RSVP program is sponsored by Senior Resources of Guilford. A completed application form is required for *all* volunteers.

PLEASE PRINT

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
Last First Middle (Please circle one)

Address \_\_\_\_\_  
Street City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment (present/previous): \_\_\_\_\_ Languages spoken \_\_\_\_\_

**This information is used for data purposes only. The application is confidential.**

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_ Marital Status S M D W Race \_\_\_\_\_

### Emergency Contact Information

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

Telephone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Personal References

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

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

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

### Automobile Insurance Information

Do you plan to drive your own car? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete the following)

Driver's License No. \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Insurance Company's Name \_\_\_\_\_ If I use my personal automobile in my volunteer service, I understand I must keep automobile liability insurance in effect equal to the minimum limits required by North Carolina. (Please initial \_\_\_\_\_).

**I would like to help with . . . . .** *(Please check all of the activities where you could help)*

- |   |  |
|---|--|
| <input type="checkbox"/> Citizens Corps ~ Work with local emergency service providers   | <input type="checkbox"/> Mentoring/Tutoring Programs ~ Work with at-risk children in schools                             |
| <input type="checkbox"/> Clerical/Office Assistance ~ Answer phones, help with mailings, perform data entry and filing                | <input type="checkbox"/> Senior Centers/Activities ~ Assist with projects and events, serve meals, perform clerical work |
| <input type="checkbox"/> Home Construction/Repairs ~ Help older adults complete minor repairs to their homes                          | <input type="checkbox"/> Senior Education Corps ~ Provide classroom assistance and guidance with school children         |
| <input type="checkbox"/> Health Care Facilities ~ Provide clerical support, work in gift shop, deliver mail & gifts, read to patients | <input type="checkbox"/> Health Insurance Information (SHIIP) ~ Assist older adults with health insurance questions      |
| <input type="checkbox"/> Library Volunteers ~ Provide office assistance, shelf books, fill in as receptionist                         | <input type="checkbox"/> Social Service Agencies ~ Work in a wide variety of settings to help improve people's lives     |
| <input type="checkbox"/> Literacy Programs ~ Tutor children & adults in reading and writing skills                                    | <input type="checkbox"/> Special Projects ~ Holiday Activities – Fan Distribution – Income Tax Assistance – Fundraising  |
| <input type="checkbox"/> Medical Transportation ~ Drive older adults to medical appointments  | <input type="checkbox"/> TeleCare Reassurance Program ~ Make daily telephone calls to older adults from your home        |

My other areas of interest include: \_\_\_\_\_

Special skills, experiences or hobbies: \_\_\_\_\_

Current/previous volunteer service: \_\_\_\_\_

Number of years you have volunteered: \_\_\_\_\_

<b>Times Available</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>A.M.</b>							
<b>P.M.</b>							

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

**Confidentiality**

Volunteers are responsible for maintaining confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information includes program participants, volunteers, staff members or other persons or concerns of overall agency business. Failure to maintain confidentiality will lead to termination of the volunteer's relationship with Senior Resources of Guilford.

By signing this application, I agree to the terms of confidentiality. I also attest that the information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Questions?** Please call the Volunteer Coordinator at **336-373-4816** from Greensboro or **884-4816** from High Point and Jamestown. Please return your completed and signed application to: **RSVP Program Director**  
**Senior Resources of Guilford**  
**PO Box 21993**  
**Greensboro, NC 27420**