

How did you learn of RSVP? _____

What do you hope to get for yourself out of volunteering? _____

What days and times are you available to volunteer? _____

I AM INTERESTED IN THE FOLLOWING JOBS:

Please mark all the volunteer positions you are interested in fulfilling:

Pen Pal _____ Tutoring in elementary schools _____ Tutoring disabled adults _____

Tutoring at Head Start _____ Working with children _____

Knitting or Crocheting _____ Sewing or Mending _____ Check on shut-ins by telephone _____

Helping in a Nursing Home: Visiting _____ Activities (Bingo, etc.) _____ Music _____

Transportation: Taking the elderly to shop/errands _____ To doctor's appts. _____

Respite: Relieving caregivers & sitting with the sick in their home _____

Deliver Meals on Wheels _____ Help with Community Meals (Loaves & Fishes, Senior Center

Meals, Thanksgiving Community Meal) _____ Help with food local pantries _____

Clerical work _____ Receptionist _____ Walking & passing out flyers _____

VITA (Volunteer Income Tax Assistance): Prepare Income Tax Forms _____

American Red Cross: Bloodmobile _____ Disaster Relief _____

Goodwill: Bag merchandise at register _____ Sort donations _____

Scioto Radio Reading: Read to visually impaired _____

Portsmouth Convention & Visitor's Bureau: Ambassador _____ Welcome Center _____

Art Events / Concerts: Ushers _____

I did not see this listed but I am interested in helping this way (please list): _____

SHORT TERM JOBS WHEN NEEDED:

Such as bulk mailings _____ Newsletters _____ Crafts _____

Are you doing any of these jobs now? If yes, please list: _____

RSVP VOLUNTEER EMERGENCY INFORMATION SHEET

In case of a medical emergency while volunteering the following information could be helpful if you want to provide this information. It will only be divulged in case of a medical emergency.

Physician's Name: _____ Phone #: (____) _____
Area Code

Physician's Address: _____
Street City State Zip

Medication Allergies: _____

Any medical condition we should know about (heart condition, diabetic, etc.): _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____
Street City State Zip

RELATIONSHIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

BENEFICIARY (S) FOR RSVP ACCIDENT & LIABILITY INSURANCE:

First Choice:

NAME: _____

ADDRESS: _____
Street City State Zip

RELATIONSHIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

Second Choice:

NAME: _____

ADDRESS: _____
Street City State Zip

RELATIONSHIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

I certify that all information is correct to my knowledge. I understand volunteers' photographs may be used for publicity or news purposes.

RSVP Volunteer's Signature Date

5/07

RSVP Director's Signature Date

Personal Information

1. Have you been involved in a traffic accident in the past 10 years? ___ Yes ___ No

If so, on a separate piece of paper, provide an approximate date and describe the accident(s), noting whether you were driving and charged with the accident and whether anyone was injured.

2. Are there any vehicle or traffic law convictions and/or violations recorded on your driver's license? ___ Yes ___ No

If yes, on a separate piece of paper, provide an approximate date and describe each conviction and/or violation.

3. Have you ever been convicted of a criminal offense? ___ Yes ___ No

If yes, on a separate piece of paper, please give the date of and description of each conviction.

4. Are you aware of any condition that may affect your vision, hearing, perception, reflexes, flexibility or judgment? ___ Yes ___ No

If yes, please describe on a separate piece of paper.

5. You may be required to have a criminal background check for certain positions. Would you be able to pass said background check? ___ Yes ___ No

If no, please describe on a separate piece of paper.

Please provide your full legal name: _____

Social Security Number: _____

Have you lived or worked outside of Ohio in the last 10 years? Please provide complete information:

Employer: _____

Address: _____

Contact: _____ Phone: _____

Date of Employment: From: _____ To: _____

Please list previous out-of-state home addresses on the other side of this form, and/or other out-of-state employer information.

I warrant that I completed this application and that the above information is true and accurate to the best of my knowledge. I authorize any investigation of all statements herein and release RSVP of Scioto County and/or Scioto Christian Ministry, Inc. and its agents from liability in connection with any such investigation. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by RSVP of Scioto County and/or Scioto Christian Ministry, Inc.

Signature: _____

Date: _____