RSVP - Retired & Senior Volunteer Program
Department of Community Services – Office for Aging & Disabled Citizens
701 W. Ormsby Avevue, Suite 201 Louisville, KY 40203
(502) 574-1530 FAX# (502) 574-6912
www.louisvilleky.gov/government/community-services

VOLUNTEER APPLICATION FORM

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* ○ Mr. ○ Mrs. ○ Ms.

*Name: _____ *Date of birth: _____

*Address: _____

City: _____ State: _____ *Zip Code: _____

* Home Number: _____
Cell Number: _____

E-mail Address: _____

*Source of referral: ○ Newspaper ○ Presentation by group meeting/Please specify: _____
○ TV/radio ○ family ○ Another volunteer/Please specify: _____
○ Other/Please specify: _____

Louisville Metro RSVP members are expected to volunteer on a "regular" basis – preferably weekly or monthly.

*I am available to volunteer: ○ AM ○ Midday ○ Afternoon ○ Evening ○ Late Night ○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday ○ Saturday ○ Sunday ○ Special projects/events

*Are you interested in helping in one of these priority-need volunteer areas?
○ Services to Veteran's & families ○ Tutoring/Mentoring (K-8) ○ Ecological/Energy Stewardship
○ Self-sufficiency/Healthy Futures (for seniors & children) ○ (Home) Economics/Thrift Stores

Please specify if interested in other area(s): _____

*What is your highest level of education? ○ Elementary School ○ Middle School ○ Some High School ○ H.S. graduate/GED ○ Some college courses ○ Associate's degree ○ Bachelor's degree
○ Vocational/Technical Certification ○ Master's degree ○ Ph.D. ○ Post-graduate Training
○ Other (please specify): _____

Your trade specialty or degree program: _____

*Are you a service Veteran? ○ Yes ○ No
Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard – Thank you!

Please specify skills/talents (i.e. other languages, practical experience, hobbies, previous volunteer experience, etc.) _____
_____

*Have you ever been fined or convicted for a violation of a law? ○ Yes ○ No
If yes, explain: _____

*Primary Physician: _____ *Phone Number: _____

* Required fields

Are there any conditions that need to be considered in matching you with some positions? (e.g. avoiding steps, long periods of stand/sitting, visual/audio needs, etc.):

_____

RSVP is ADA compliant in working with network agencies to offer a variety of locations/opportunities.

In case of emergency, notify: * ○ Mr. ○ Mrs. ○ Ms. *Name: _____

Relationship: _____ *Phone Number: _____

Address: _____

Alternate Ph. Number: _____

*I plan to primarily use this type of transportation: ○ Drive myself ○ TARC ○ TARC 3 ○ WHEELS ○ Ride with someone ○ Walk ○ Other (please specify): _____

15. ○ I need help with the expenses of travel to and from my service site(s). (***IF*** *cost is a* ***real*** *obstacle to service*, mileage reimbursement *may* be available dependent on budget availability and primarily focused on meeting priority need areas. Volunteers will be provided with the reimbursement policies and the proper form per mode of transportation according to volunteer's primary choice above.

*Official picture ID or Driver's License Number: _____ Exp. Date: _____

Driving RSVP Volunteers are required to maintain a valid driver's license for inclusion in free insurance.

Auto Insurance Carrier: _____ ○ N/A

Policy Number: _____

Driving RSVP Volunteers must carry primary liability insurance with at least minimum amount required by Kentucky law while driving during volunteer duties.

I name the following person as my beneficiary of the accidental life insurance provided by this program: * ○ Mr. ○ Mrs. ○ Ms. *Name: _____

*Relationship: _____ *Phone Number: _____

*Address: _____

*Your current employment status: ○ Retired ○ Homemaker ○ Work part-time ○ Work full-time

Please specify where currently working or retired from: _____

Please specify your current or retired from job title: _____

RSVP opportunities accepted as of this date:

Station 1: _____ Date: _____

Station 2: _____ Date: _____

Station 3: _____ Date: _____

I understand that by typing my name below, I agree to abide by the rules and regulations of RSVP. I agree to serve as a volunteer without compensation or wages. I also understand that my continued membership is based upon RSVP/qualifying agency's verification of subsequent, acceptable volunteer service behavior and performance. I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.

***Enrollee Signature:** _____ **Date** _____

* Required fields

FOR OFFICE USE ONLY

RSVP Interviewer: _____ Date _____

Application Approved: _____ Date _____

Application Denied: _____ Date _____

Comments:

_____

_____

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