



United Way NWI
AmeriCorps Seniors
 Retired and Senior Volunteer Program
Volunteer Registration Form



First Name: _____ M.I. _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Race/Ethnicity: _____ Email Address: _____

Birth Date (Required): _____ *Requires age verification. In order to qualify, please provide a photocopy of a driver's license, government ID, passport or birth certificate with this application.*

Home Phone: _____ Cell Phone: _____

How did you hear about RSVP? _____ Are you a veteran? Yes _____ No _____

Emergency Contact: _____ Phone: _____

If you are driving to your volunteer site, provide the name of car insurance company here:

What is the name of your current or most recent former employer? _____

Please provide your shirt size for your volunteer t-shirt: ___ S ___ M ___ LG ___ 1XL ___ 2XL ___ 3XL

VOLUNTEER AREAS OF INTEREST

(Mark all that apply.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Hospital | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Assembling mailings | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Filing/Clerical | <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Serve Meals |
| <input type="checkbox"/> Children/Teens | <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Leadership Role | <input type="checkbox"/> Serving on Board |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Music | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Disaster | <input type="checkbox"/> Games | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Preparedness/Response | <input type="checkbox"/> Gardening | <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Diversity Awareness | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Providing rides | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Reading to others | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Prevention or Rehab | <input type="checkbox"/> Hospice | | Other: _____ |

Name any activity that you would feel uncomfortable doing: _____

I am interested in the following. Mark all that apply.

_____ A regular position with the same day and hours each week: _____ (Days/Time)

_____ A regular position, but less often: _____ (Days/Time)

_____ Working on special or one-time projects/events

_____ Other: _____

If you currently volunteer, please list where and when: _____

Do you want to volunteer only at a particular agency? If yes, please list: _____

Please list any special skills you have: _____

What kind of educational and social events would you like to participate in?

WHY DO YOU VOLUNTEER?

Please check off your motivation(s) for wanting to volunteer. Mark all that apply. The information provide will be utilized to help find you the perfect placement.

- | | | |
|--|--|--|
| <input type="checkbox"/> Help less fortunate | <input type="checkbox"/> Improve confidence/self-esteem | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Personal growth | <input type="checkbox"/> Feel a civic responsibility | <input type="checkbox"/> Spiritual/Religious |
| <input type="checkbox"/> Friends & family members volunteer | <input type="checkbox"/> Giving back to the community | <input type="checkbox"/> Personal satisfaction |
| <input type="checkbox"/> Feel I have something to give reasons | <input type="checkbox"/> Commitment to peace and justice | <input type="checkbox"/> Develop skills |
| <input type="checkbox"/> Committed to a certain cause | <input type="checkbox"/> Stay active and healthy | <input type="checkbox"/> Learn from experience |
| <input type="checkbox"/> To learn about my community | <input type="checkbox"/> To stay busy, fill up extra free time with something meaningful | |

Other: _____

STAYING IN TOUCH

As part of this program, you will periodically receive communications from United Way of Porter County. Communications will be either by mail, email (*preferred to reduce cost*) or both. Please make your selection below.

- I prefer to receive communications by mail.
- I prefer to receive communications by email. I have provided my email on the first page of this application.
- I will accept information by mail or email.

Do you use Facebook? ___ Yes ___ No If yes, follow us at www.facebook.com/unitedwaypc.

PHOTO RELEASE & BACKGROUND CHECK

I, _____, hereby release the use of photos of me in my role as an RSVP volunteer to United Way of Porter County to utilize in promotional materials and more.

I also hereby allow United Way of Porter County to perform a background check on me per the federal requirements of this program. I certify that I do not have a criminal record. I understand that my acceptance into this program is based on the results of this background check and that United Way of Porter County will keep all background check information confidential.

Signature: _____ Date: _____

ACCIDENTAL DEATH BENEFIT

*While you are volunteering, you are eligible for an automatic \$2,500 accidental death benefit.
Please designate a beneficiary below:*

Beneficiary's Name: _____ Relationship: _____

Address: _____ Phone: _____

INTAKE NOTES TO BE COMPLETED BY OFFICE

Preliminary Process Completed By: _____

Date Welcome Packet Sent: _____

RSVP Director's Signature: _____ Date: _____