



# Retired and Senior Volunteer Program (RSVP) VOLUNTEER REGISTRATION FORM

Elderly Affairs Division • 715 South King Street, Ste. 211 • Honolulu, HI • 96813  
Phone: (808) 768-7700 • Fax: (808)768-7720 • Email: EADrsvp@honolulu.gov



PLEASE PRINT (Use Legal Name)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City Zip Code

\_\_\_\_\_  
Home Phone Cell Phone E-Mail Address

Gender:  Female  Male Birth Date: \_\_/\_\_/\_\_\_\_ Veteran?:  Yes  No

Transportation:  Bus  Walk  Ride  Drive  Other \_\_\_\_\_ Driver License Expiration Date: \_\_/\_\_/\_\_\_\_

Ethnicity: (For statistical purpose only)  Asian  Black  Caucasian  Hispanic  Pacific Islander  
 Other: \_\_\_\_\_

How did you learn about RSVP? **Hawaii SHIP website**

EDUCATION: (Check last attended)  Grade School  High School  Trade  College

WORK EXPERIENCE: \_\_\_\_\_

SKILLS: \_\_\_\_\_

INTERESTS: (Check all that apply)  Companionship  Friendly Calls  Transportation  
 Outreach/Admin  Respite Services  Senior University  Other: \_\_\_\_\_

<b>Person to notify in case of emergency:</b>	<b>Beneficiary for RSVP Supplemental Insurance:</b>
Name:	Name:
Phone:	Phone:
Address:	Address:
City State Zip	City State Zip
Relationship:	Relationship:

Can we put your name in our newsletter as a new volunteer?  Yes  No

I received adequate information from RSVP during my initial orientation/registration.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAHALO FOR YOUR INTEREST!**

Open to be on-call for Special Projects:  YES  NO

Week-Ends included?  YES  NO

Restrictions/Limitations?  YES  NO

If YES, please explain:

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***For office use only***

Station Name:	Station #:
Job Position:	Volunteer #:
Code of Ethics on file: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Processed:

Proposed action plan/notes:

Proposed action plan/notes:	
Interviewer:	