



RSVP Volunteer Enrollment Form

Please **print** and complete all sections.

Name _____ Birth date _____

Sex: Male Female Other: _____

Veteran: Yes No US Armed Forces Served: _____

Marital Status: Married Widowed Divorced Separated Never Married No answer

Household Composition: Lives alone With spouse With children With relatives Others

Monthly Income (optional): _____ Number in household: _____

Home Address _____ City, Zip _____

Mailing Address _____ City, Zip _____

Phone _____ Email Address _____

Medical Insurance: Medicare A Medicare B Medicaid Other _____

Part Time Resident? Yes No If yes, date leaving _____

Out of State Address _____ City, Zip _____

Do you have a car? Yes No

Driver's license # _____ State _____ Exp. Date _____

Transportation for volunteer work: Bus _____ Family/friend _____

Drive _____ Walk _____

***** Please provide copy of driver's license & vehicle insurance card if using own transportation. *****

Volunteer's Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience _____



Preferred volunteer assignments (See Volunteer Station List)

1. _____ 2. _____

Days/Hours Available _____

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

I understand that public relations are an important part of volunteering for Kaua'i RSVP. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow Kaua'i RSVP to use any photograph taken of me for use in public relations efforts. Kaua'i RSVP will use reasonable efforts to inform me, but such notification is not a condition of the photographs released for public relations purposes. I also certify that the information provided on this form is true and accurate. I understand that this information will be kept confidential and will be used for statistical purposes and/or to help me receive any benefits or services to which I may be eligible. I hereby authorize the release of information that has been obtained about me for the above purposes.

SPECIAL ON-CALL LIST – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. Volunteer leaders will call volunteers on our list when we receive requests for assistance from the non-profits.

Would you like to be included on our Special On-Call List? Yes No

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

How did you learn about RSVP: Outreach event Friend Family member AEA staff
 Newspaper Website ■ Other **Hawaii SHIP website**

*****By signing this Enrollment Form, the volunteer certifies that he/she is at least 55 years old*****

Signature of Volunteer Date Signature of RSVP Staff Date

No person shall be excluded from or denied equal opportunity for participation in, the benefits of any County employment, programs, services or facilities provided by any County entity, or any contractor of any County entity, on the basis of race, sex, age, religion, disability, or any other classification protected by state or federal law.

FOR OFFICE USE ONLY:

Station(s) assigned _____

Date(s) assigned _____

Entered in Computer ____/____/____ By: _____

Enrollment Form: Detachable Addendum

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.

Are you US Citizen? Yes No

Are you Hispanic or Latino? Yes No

What is your race? (Select one.)

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the peoples of Europe, the Middle East, or North Africa.