



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: _____

Person to notify in case of emergency:	Beneficiary for RSVP Supplemental Insurance:
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:

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:	