



Volunteer Registration Form

RSVP of Summit and Medina Counties
c/o VANTAGE Aging
Attn: Cathy Lance, Director of RSVP
2279 Romig Road Akron, OH 44320
Phone: 330-253-4597 x166 / Fax: 330-762-5571
Email: clance@vantageaging.org

Name _____ Phone _____

Address _____ Apt.# _____ City _____ Zip _____

Email _____ I am currently a volunteer at: _____

I am available to volunteer at other sites if needed: _____ Yes _____ No

I am available for one time volunteer events if needed: _____ Yes _____ No

Are you a veteran? _____ Yes _____ No

Referred by: _____

Date of Birth ____/____/____ (Must be 55 and over to enroll)

Driver's License Number _____ Expires(year) _____

Auto Insurance Company Name _____

Beneficiary for RSVP Supplemental Accident Insurance: (Required)

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Volunteer Signature _____ Date ____/____/____

RSVP Director's Signature _____ Date ____/____/____

(CONTINUED ON BACK SIDE OF THIS SHEET)

PLEASE SIGN AND RETURN

SKILLS & EXPERIENCE

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Administrative
<input type="checkbox"/> Coaching/Mentoring
<input type="checkbox"/> Computer Programs
<input type="checkbox"/> Communications
<input type="checkbox"/> Companionship
<input type="checkbox"/> Counseling/Listening
<input type="checkbox"/> Crafts
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Finance/Business
<input type="checkbox"/> Gardening
<input type="checkbox"/> Group Facilitation | <input type="checkbox"/> Home Repair
<input type="checkbox"/> Medical/Health
<input type="checkbox"/> Organization
<input type="checkbox"/> Program Development
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Teaching
<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Other (Please Specify) _____
<input type="checkbox"/> Word Processing (Other) _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PLEASE CHECK ALL AREAS OF INTEREST

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Board of Directors/Committee
<input type="checkbox"/> Calling on Senior Shut-Ins
<input type="checkbox"/> Event Planning
<input type="checkbox"/> Exercise/Physical Fitness
<input type="checkbox"/> Health Education
<input type="checkbox"/> Food Collection/Distribution
<input type="checkbox"/> Fundraising/Development
<input type="checkbox"/> Home Repair
<input type="checkbox"/> Mentoring Adults | <input type="checkbox"/> Mentoring/Tutoring Youth
<input type="checkbox"/> Public Health
<input type="checkbox"/> Serving Youth
<input type="checkbox"/> Reading and/or Writing
<input type="checkbox"/> Veterans
<input type="checkbox"/> Other (Please Specify) _____

_____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

RSVP/VANTAGE Aging has my permission to use general information about my volunteer work and to use photos taken of me while volunteering for promotional purposes for VANTAGE Aging and The RSVP program.

YES _____ No _____ Signature _____

FOR OFFICE USE ONLY:

Enroll Date _____ Identification Verified: _____
 Station Placement _____ Staff Signature _____
 BCI Yes _____ No _____ Date _____

RSVP is a program of the Corporation for National & Community Service