



# Volunteer Registration Form

**RSVP of Summit and Medina Counties  
c/o VANTAGE Aging  
Attn: Erica Banks, Director of RSVP  
2279 Romig Road Akron, OH 44320  
Phone: 330-515-5601/Fax: 330-762-5571  
Email: ebanks@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 ____/____/____	

(CONTINUED ON BACK SIDE OF THIS SHEET)  
**PLEASE SIGN AND RETURN**



## SKILLS & EXPERIENCE

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative<br><input type="checkbox"/> Coaching/Mentoring<br><input type="checkbox"/> Computer Programs<br><input type="checkbox"/> Communications<br><input type="checkbox"/> Companionship<br><input type="checkbox"/> Counseling/Listening<br><input type="checkbox"/> Crafts<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Finance/Business<br><input type="checkbox"/> Gardening<br><input type="checkbox"/> Group Facilitation<br><input type="checkbox"/> Board of Directors/Committee<br><input type="checkbox"/> Calling on Senior Shut-Ins (Telecare)<br><input type="checkbox"/> Environmental Stewardship<br><input type="checkbox"/> Economic Development<br><input type="checkbox"/> Event Planning<br><input type="checkbox"/> Exercise/Physical Fitness<br><input type="checkbox"/> Health Education<br><input type="checkbox"/> Food Collection/Distribution<br><input type="checkbox"/> Fundraising/Development<br><input type="checkbox"/> Home Repair | <input type="checkbox"/> Home Repair<br><input type="checkbox"/> Medical/Health<br><input type="checkbox"/> Organization<br><input type="checkbox"/> Program Development<br><input type="checkbox"/> Public Speaking<br><input type="checkbox"/> Teaching<br><input type="checkbox"/> Volunteer Recruitment<br><input type="checkbox"/> Word Processing (Other) _____<br><input type="checkbox"/> Mentoring Adults<br><input type="checkbox"/> Mentoring/Tutoring Youth<br><input type="checkbox"/> Public Health<br><input type="checkbox"/> Serving Youth<br><input type="checkbox"/> Reading and/or Writing<br><input type="checkbox"/> Veterans<br><input type="checkbox"/> Other (Please Specify)<br>_____<br>_____<br>_____ |
|--|---|

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: \_\_\_\_\_

Staff Signature \_\_\_\_\_

BCI Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

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



## RSVP Volunteer Statistical Information

**PLEASE RETURN FORM TO VANTAGE AGING**

**This information will be used by VANTAGE Aging (Formerly Mature Services) for Completion of this form is for Agency Purposes only. Failure to respond will in no way affect your consideration or placement for available volunteer opportunities.**

**Are you Hispanic or Latino?  Yes  No**

**What is your race? (Select one or more.)**

- American Indian or Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**

**Marital Status:  Single  Couple**

**Gender:  Male  Female**

**Please Check Income: (income data retrieved from 2018 HUD Income Guidelines at [www.development.ohio.gov](http://www.development.ohio.gov))**

Household Size	1	2	3	4	5
Low-Income (80%)	\$0-\$41,000	\$41,001-\$46,850	\$41,851-\$52,700	\$52,701-\$58,550	\$58,551-\$63,250
Very Low-Income (50%)	\$0-\$26,650	\$26,651-\$29,300	\$29,301-\$32,950	\$32,951-\$36,600	\$36,601-\$39,550
Extremely Low-income (30%)	\$0-\$15,400	\$15,401-\$17,600	\$17,601-\$20,780	\$20,781-\$25,000	\$25,101-\$29,420

Income data was retrieved from FY 2018 Income Limit Summary <https://www.huduser.gov/portal/database/il/il2018summary.odn>

