



RSVP

of CENTRAL ARKANSAS

Retired & Senior Volunteer Program

P.O. Box 5936

North Little Rock, AR 72119

(501) 604-4527, Fax (501) 604-4528

www.rsvpcenark.org

VOLUNTEER REGISTRATION

Name _____ Birthdate ____/____/____

Female ____ Male ____ Ethnicity: White ____ African American ____ Hispanic ____
Asian ____ Native American ____ Other ____

Mailing Address _____ Home Ph _____ Other Ph _____

City _____ State _____ Zip _____ Email _____

Do you volunteer now? ____ If yes, where _____

Availability: AM ____ PM ____ Weekends ____ Mon ____ Tue ____ Wed ____ Thurs ____ Fri ____

Any physical or medical considerations for your volunteer assignment?

Emergency Contact _____ Relationship _____

Address _____ Phone _____

LIFE INSURANCE BENEFICIARY INFORMATION

All volunteers are provided life insurance while they volunteer at no cost to the volunteer.

Please name the beneficiary of your RSVP life insurance benefit:

Name _____ Address _____

City _____ State _____ Zip _____ Relationship _____

Please complete both sides of the application.

RSVP VOLUNTEER INTEREST/SKILLS

So we can make general referrals, please check all areas of interest you would consider utilizing in your RSVP volunteer service:

| RSVP Programs: | GENERAL (continued): |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Buddy 2 Buddy Connections (Telephone calling Program) <input type="checkbox"/> Local RSVP Program Info <input type="checkbox"/> Local RSVP Program Info <input type="checkbox"/> Local RSVP Program Info <input type="checkbox"/> Local RSVP Program Info <input type="checkbox"/> Local RSVP Program Info <input type="checkbox"/> Local RSVP Program Info | <ul style="list-style-type: none"> <input type="checkbox"/> Fund Raising/Event planning for RSVP or other nonprofit agencies. <input type="checkbox"/> Library: Aid, Reading, Literacy <input type="checkbox"/> Sewing: Camp Fire vests, bibs, blankets <input type="checkbox"/> Schools: Tutoring, Reading, Mentoring <input type="checkbox"/> Special Events: <input type="checkbox"/> Theatre / Fine Arts: Set building, usher |
| HEALTH: | ADMINISTRATIVE/PROFESSIONAL: |
| <ul style="list-style-type: none"> <input type="checkbox"/> Hospice: Caregiver relief, patient visits <input type="checkbox"/> Hospitals: Gift Shop, Info Desk, Admissions <input type="checkbox"/> Nursing Homes: Visit residents | <ul style="list-style-type: none"> <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Computers: Data entry <input type="checkbox"/> Office: Filing, Receptionist, Greeting <input type="checkbox"/> Telephone: Answering, Calling <input type="checkbox"/> Website design & maintenance |
| GENERAL: | ADVOCACY: |
| <ul style="list-style-type: none"> <input type="checkbox"/> Animals: visit senior centers, exercise, adoption <input type="checkbox"/> Carpentry, Handy Person / General Maintenance <input type="checkbox"/> Baking, Cooking, Serving Meals <input type="checkbox"/> Driving/transporting others <input type="checkbox"/> Gardening / Outdoors Maintenance / Conservation <input type="checkbox"/> Foreign Language Skills _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Consumer Protection –Medicare, Legal Assistance, Help desk <input type="checkbox"/> Crime: Awareness, Education, Awareness, Support <input type="checkbox"/> Family Health & Safety: Teen pregnancy, substance abuse, violence & abuse, education <input type="checkbox"/> Homeless: mental health, housing, education <input type="checkbox"/> Incarceration: Rehabilitation, Re-integration, education <input type="checkbox"/> Seniors/Grief Support: counseling, community connection |

Agency Preference? _____

Additional interests not listed above: _____

VOLUNTEER SIGNATURE _____ **DATE** ___ / ___ / ___

FOR RSVP STAFF

Volunteer Placement(s)

1) _____ 2) _____ 3) _____ By _____

RSVP Staff

Please complete both sides of the application.