



Name:	Preferred name:	Preferred name:	
ailing Address: City/town:		Zip:	
Primary Phone ()	Email:		
Emergency contact: Name:	Relationship: Phone:		
Highest level of education:	School/s attended:		
Ethnicity: Hispanic/Latino Non-Hispanic/Latino Racial group: American Indian/Alaskan Native Asian Hispanic Black/African American Hawaiian or Pacific Islander White			
Languages spoken: Current/Former Occupation/s:			
Volunteer interests (check all that apply): Senior center Health & exercise			
Food bank/pantry Activity leader Gift/thrift/coffee shop Transportation			
Special events Information/advice Technical/clerical Environment			
Other Current volunteer work:			
Driver's license # Expiration Date of birth:/_/ Veteran: Yes No			

Please list any skills, hobbies or interests that will help us place you appropriately.

List the months that you are regularly away from home:

What do you hope to gain from your volunteer experience?

I verify that the above information is accurate, and that I freely volunteer my time through RSVP. I am not an employee of RSVP. I will maintain minimum MA liability insurance on my personal vehicle, and I understand that my picture may be used for RSVP events or publicity. I further agree to report my volunteer hours each month and to update RSVP when/if my information changes.

Volunteer signature:	Date:
RSVP Director:	Date:

Revised 9/2021