



The Retired Senior Volunteer Program
"I am a AmeriCorps RSVP volunteer and I will get things done."

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

EMAIL ADDRESS: _____

TIME AVAILABLE: (DAYS) _____ (HOURS) _____ PHYSICAL LIMITATIONS: _____

ARE YOU A VETERAN? ____ YES ____ NO DO YOU HAVE A SOCIAL SECURITY CARD? ____ YES ____ NO

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____ PHONE: _____

DESIGNATION OF BENEFICIARY: _____ RELATIONSHIP: _____ ADDRESS: _____

PREVIOUS WORK OR OCCUPATION: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____ EDUCATION, INTEREST, SKILLS & HOBBIE: _____

DO YOU DRIVE? ____ YES ____ NO DRIVER'S LICENSE #: _____ EXP. DATE: _____

DO YOU OWN A CAR? ____ YES ____ NO LIABILITY INSURANCE? ____ YES ____ NO RENEWAL DATE: _____

HOW DID YOU HEAR ABOUT RSVP? _____

I AM NEITHER AN EMPLOYEE OF THE RSVP NOR THE COUNTY OF HIDALGO COMMUNITY SERVICE AGENCY AND UNDERSTAND THAT IF I USE MY PERSONAL AUTOMOBILE IN MY SERVICE, I WILL ARRANGE TO KEEP IN EFFECT A VALID DRIVER'S LICENSE AND AUTOMOBILE LIABILITY INSURANCE EQUAL TO THE MINIMUM REQUIRED BY TEXAS. **Verified by:** _____

*IF NO DESIGNATED BENEFICIARY CAN BE NAMED, PLEASE INDICATE A CHARITABLE ORGANIZATION OF YOUR CHOICE. THE RSVP CAN BE CONSIDERED. _____

RSVP REGULATIONS: AS PER 45 CFR 2553.91(a)-(g) – Volunteers and grantee staff do not engage in, and grantee funds are not used for, any of the following activities, to the extent they are prohibited in the applicable program regulations: i. Electoral activities, ii. Voter registration, iii. Voter transportation to polls, and, iv. Efforts to influence legislation?

Date of birth verified by: _____ RSVP DIRECTOR RECRUITER/MANAGER

Volunteer's Signature

RSVP Director's Signature

Date

RSVP volunteers choose how, where, and how often they want to serve, with commitments ranging from a few hours to 40 hours per week.

VOLUNTEER ASSIGNMENT RECORD

VOLUNTEER ASSIGNED STATION: _____ DATE: _____

DO YOU HAVE A PREFERENCE FOR A VOLUNTEER LOCATION? IF SO, WHERE? _____

IN WHICH AREA DO YOU FEEL YOU COULD MAKE A DIFFERENCE IN YOUR COMMUNITY?

DISASTER:

_____ DISASTER PREPAREDNESS

_____ DISASTER RESPONSE

_____ OTHER: _____

EDUCATION:

_____ ESL INSTRUCTION/TUTORIALS

_____ GED/TUTORIALS

_____ TUTORING/ELEMENTARY- SECONDARY

_____ MUSEUMS

OTHER: _____

ENVIRONMENT:

_____ ENERGY CONSERVATION

_____ RECYCLING

_____ BEAUTIFICATION

_____ OTHER: _____

HUMAN NEEDS:

_____ THRIFT STORE _____ FOOD DISTR. /COLLECTION _____ CONGREGATE MEALS

_____ VETERAN'S CLINIC _____ MENTORING _____ HOSPITALS _____ ADULT DAY CARE CENTERS

_____ OTHER: _____

PUBLIC SAFETY:

_____ ELDER ABUSE/NEGLECT _____ OTHER _____

OTHER SERVICES: _____

SCHEDULE AVAILABLE: _____

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