



aging services
senior corps



**VOLUNTEER MEMBERSHIP
APPLICATION**

APPLICANT INFORMATION					
Name		Date of Birth			
Address		Street/Box Number		City	State
		Zip Code		County	
Home Phone		Phone Number			
Email Address		Shirt Size			
What is your current age? <i>(You must be age 55 or older to enroll in this program)</i>		Please let us know if there are any special accommodations needed to assist you in your service.			
DEMOGRAPHIC INFORMATION					
Please check <u>all</u> which you most closely identify to. <i>This data is for demographics only. Submission of information is voluntary.</i>					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Veteran <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I am not currently volunteering and would like to know of volunteer opportunities available.					
FREE SUPPLEMENTAL AUTO LIABILITY INSURANCE INFORMATION <i>RSVP is required to carry supplemental, accident, and personal liability coverage on its volunteers.</i>					
If possible, please include a copy of Driver's License or State-Issued Photo ID					
Driver's License Number		Exp. Date		State	
Method of Transportation		<input type="checkbox"/> Own Car <input type="checkbox"/> Ride with Friend <input type="checkbox"/> TAPS <input type="checkbox"/> Insurance			
FREE ACCIDENTAL LIFE INSURANCE BENEFICIARY INFORMATION <i>All RSVP members receive free accidental life insurance.</i>					
Please designate your beneficiary -or- to your estate					
Name		Relationship			
Address		Street/Box Number		City	State
		Zip Code		County	
Phone Number		<input type="checkbox"/> Please designate benefits to my estate.			
TEXOMA RSVP VOLUNTEER INTERESTS/SKILLS					
Administrative		<input type="checkbox"/> Office (filing, reception, greeting) <input type="checkbox"/> Telephone (answering, calling) <input type="checkbox"/> Computer Skills <input type="checkbox"/> Tax Preparation			
Advocacy		<input type="checkbox"/> Elder Care (Medicare, legal assistance) <input type="checkbox"/> Nursing Home Ombudsman <input type="checkbox"/> Homeless (mental health, housing, education) <input type="checkbox"/> Crisis Hotline			
General		<input type="checkbox"/> Household Skills (carpentry, building, handy person, general maintenance) <input type="checkbox"/> Kitchen aid (baking, cooking, serving meals) <input type="checkbox"/> Driving (transporting others, delivering meals) <input type="checkbox"/> Gardening (outdoor plants maintenance, conservation) <input type="checkbox"/> Fundraising (event planning for RSVP & other nonprofits) <input type="checkbox"/> Knitting/crocheting <input type="checkbox"/> Schools (tutoring, reading, mentoring) <input type="checkbox"/> Special events (short-term: county fair, fundraising, mass mailing) <input type="checkbox"/> Thrift store work			
Health		<input type="checkbox"/> Hospice-Caregiver respite, patient visits <input type="checkbox"/> Disaster Prep		<input type="checkbox"/> Assistance in case of natural disaster (floods, tornadoes, etc.)	
Additional Interests					
APPLICANT CERTIFICATION					
I, the undersigned, hereby request to enroll as a participant in the RSVP Volunteer Program. I understand that my service is voluntary and I agree to serve without compensation. I certify that I am at least 55 years old and that I maintain automobile liability insurance equal to or greater than the minimum required by law.					
Applicant's Signature				Date	
FOR OFFICE USE ONLY					
Senior Corps Staff Signature				Date	