**Volunteer Enrollment Form**

Your information will be held strictly confidential. 

## Erie County Dept. of Senior Services

## 95 Franklin Street, Buffalo, NY 14202

Please Print

**PERSONAL INFORMATION:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Mr./Mrs./Ms./Miss.) (First) (MI) Last)**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_**

**Home phone:\_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnic Group (Optional –**for statistical analysis only)

\_\_African American \_\_ Caucasian \_\_Hispanic \_\_Asian/Pacific Islander \_\_Native American \_\_Other

**Do you have any physical/medical limitations? \_\_** Yes \_\_No

If “Yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a United States Veteran? \_\_** Yes \_\_ No

**EXPERIENCE:**

Are you retired? \_\_ Yes \_\_No Previous/current occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Previous/current employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about RSVP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently volunteering? \_\_** Yes \_\_No

If “Yes”, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain your volunteer duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in additional volunteer assignments? \_\_Yes \_\_ No

**I am interested in volunteering at a specific organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Name of organization)**

**I prefer volunteering in a certain area(s)** e.g.:Depew \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When are you available to volunteer?** Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

 Mornings \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

 Afternoons \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

 Evenings \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**TRANSPORTATION INFORMATION:**

**Will you be driving to your volunteer assignment?** \_\_ Yes \_\_ No If “Yes”, please complete:

Will you be requesting mileage reimbursement? \_\_Yes \_\_ No

Please note your SSN will be **REQUIRED** to receive any travel reimbursement from Erie County RSVP.

**NOTE**: The information below is **required** in order for you to receive mileage reimbursement **and** to be covered under the supplemental automobile insurance policy provided by RSVP. (IRS guidelines may allow you to deduct volunteer mileage when itemizing taxes.)

**Drivers License ID # (9 Digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_**

**Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide us with a copy of your drivers license & insurance card.

**BENEFICARY INFORMATION:**

Please designate a beneficiary for the supplemental accident insurance provided by RSVP. If you do not wish to designate or do not have a beneficiary, you may write: “***To the estate of (your name).”***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY INFORMATION:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHOTO RELEASE:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DO/ DO NOT (CIRCLE ONE) grant RSVP/Erie County Department of Senior Services permission to interview me and/or take my picture for the purpose of promoting the department services and advocacy for older adults.

**ACKNOWLEDGEMENT & CONSENT:**

**Have you ever been convicted of a felony? \_\_** Yes \_\_ No **Child sexual abuse**? \_\_Yes \_\_ No

If “yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I agree to undergo a National Service Criminal History Check, including the National Sex Offender Registry Database. Volunteer Stations may require an additional background check. I understand that I may be disqualified for the following: murder conviction, registered on the Sex Offender Registry, refusal to undergo the National Service Criminal History Check & any false statement about my criminal history.
* I agree that if I use my personal vehicle to travel to and from my volunteer assignment and/or to carry out my volunteer work, I will maintain a valid driver's license and auto insurance.
* I understand that information on this form is completely confidential.

My signature is my consent to these statements

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Volunteer Signature Date RSVP Director Signature Date

*\*FOR OFFICE USE ONLY\**

|  |  |
| --- | --- |
| Orientation Date: | Copy of Insurance Received: |
| NSORD Check Date: | Copy of License Received: |

**ERIE COUNTY RSVP SKILLS & INTEREST FORM**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**\***Please print clearly

Please indicate with an X those skills/talents/strengths you wish to share through volunteering!

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill Set** | **Basic** | **Moderate** | **Advanced** |
| Accounting/ Auditing |  |  |  |
| Administration |  |  |  |
| Arts/Crafts |  |  |  |
| Board member |  |  |  |
| Bilingual |  |  |  |
| Bookkeeping |  |  |  |
| Business  |  |  |  |
| Caregiving |  |  |  |
| Computer:  |  |  |  |
| Construction |  |  |  |
| Cooking |  |  |  |
| Counseling  |  |  |  |
| Data entry |  |  |  |
| Data analysis |  |  |  |
| Driving  |  |  |  |
| Event planning |  |  |  |
| Farming |  |  |  |
| Financial  |  |  |  |
| Fitness |  |  |  |
| Fundraising |  |  |  |
| Gardening  |  |  |  |
| Grant writing |  |  |  |
| Graphic arts |  |  |  |
| Greeting / hospitality |  |  |  |
| Handyman work |  |  |  |
| Knitting |  |  |  |
| Legal |  |  |  |
| Library |  |  |  |
| Medical/ nursing |  |  |  |
| Music |  |  |  |
| Office/ filing |  |  |  |
| Phone work |  |  |  |
| Photography |  |  |  |
| Physical labor |  |  |  |
| Public relations |  |  |  |
| Public speaking |  |  |  |
| Research |  |  |  |
| Recruitment  |  |  |  |
| Sales |  |  |  |
| Scheduling |  |  |  |
| **Skill Set Cont.** | **Basic** | **Moderate** | **Advanced** |
| Sewing |  |  |  |
| Sign language |  |  |  |
| Social work  |  |  |  |
| Stocking shelves |  |  |  |
| Supervision |  |  |  |
| Teaching  |  |  |  |
| Training |  |  |  |
| Web design |  |  |  |
| Woodworking |  |  |  |
| Work outdoors |  |  |  |
| Work with animals |  |  |  |
| Work with children |  |  |  |
| Work with disabled |  |  |  |
| Work with teens |  |  |  |
| Work with elderly |  |  |  |
| Writing/editing |  |  |  |
| Other:  |  |  |  |
| Other:  |  |  |  |

Please indicate which areas are of interest to you by marking an ‘X’ in the box next to it. Please mark all that apply:

|  |  |
| --- | --- |
| **Areas of Interest**  |  |
| Aging |  |
| Arts & Culture |  |
| Clerical Assistance |  |
| Computer/Technology Assistance |  |
| Customer Service/Hospitality |  |
| Disabilities |  |
| Education & Mentoring  |  |
| Environment & Nature |  |
| Health Care |  |
| Hunger & Poverty  |  |
| Transportation  |  |
| One-Day Events/Projects |  |
| Other: |  |
| Other:  |  |

Please describe any additional skills &/or talents you would like to share:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_