



RSVP Volunteer Enrollment Form

United Way of Wyandotte County, 434 Minnesota Ave, P.O. Box 17-1042, Kansas City, KS 66117

Phone: (913) 371-3674 ext. 1321 • Fax: (913) 371-2718

Please fill out the front and back. Sign, date, and send completed form to the address above.

Date _____

Volunteer Information:

Name (Print): _____
 First Middle Last

Address: _____
 Street Apt. # City State Zip

Birthdate: ____/____/____ Phone: _____ Cell: _____

E-mail: _____ Gender: M / F (Circle one)

Are you a Veteran? Yes / No (Circle one)

Emergency Contact Name: _____ Relationship to you: _____

Emergency Contact Phone: _____

Ethnicity (optional): (Check) African-American Asian Caucasian Hispanic/Latino
 Pacific Islander/Native Hawaiian American Indian/Alaskan Native Other

Volunteer Options & Demographics

Option Areas	(Check all that apply)
Education	<input type="checkbox"/> Afterschool Homework Help <input type="checkbox"/> Mentoring <input type="checkbox"/> Classroom/Youth Instruction <input type="checkbox"/> Reading to Kids
Aging In Place	<input type="checkbox"/> Transport Seniors <input type="checkbox"/> Friendly Visiting with Seniors
Healthy Futures	<input type="checkbox"/> Food Pantry Assistance
Other Community Areas	<input type="checkbox"/> Office Assistance/Phone Calling <input type="checkbox"/> Thrift Store Help <input type="checkbox"/> Museum Work <input type="checkbox"/> Crafts <input type="checkbox"/> Nursing Home/Hospital Help <input type="checkbox"/> Gardening <input type="checkbox"/> Serving Food <input type="checkbox"/> Other _____

Volunteer Demographics	(Check all that apply)
How did you hear about RSVP?	<input type="checkbox"/> Friend <input type="checkbox"/> Staff <input type="checkbox"/> Presentation/Talk <input type="checkbox"/> Fair/Special Event
Do you read/speak a foreign language?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Which language(s)? _____
What was your previous career or current job?	Please specify _____
What is your availability? (Please check all that apply)	Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Times: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings

Volunteer Demographics	(Check all that apply)
Do you have physical/medical limitations/disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please specify _____
Are you currently volunteering?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, where? _____
Any additional volunteer experience?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, where? _____
Would you like to be on an on-call list for special or one-time events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information Necessary for Supplementary Auto Insurance and Mileage Reimbursement:

Will you be driving your own vehicle to your volunteer site? Yes No

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Initial _____

A small mileage stipend is available for those volunteering in focus areas. Will you be claiming a mileage reimbursement? No Yes

If yes,

Driver's License #: _____ State: _____ Exp. Date: _____

Beneficiary for RSVP accident insurance:

All RSVP members receive free life insurance in the event that something were to happen during your time volunteering. Who would you like to designate as your beneficiary?

Name: _____ Relationship: _____

Address: _____
 Street Apt. # City State Zip Code

Phone: _____

Acknowledgement of Enrollment

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.

Signature of Volunteer Date

Signature of RSVP Project Manager Date