



CITY OF ALBUQUERQUE  BERNALILLO COUNTY
DEPARTMENT OF SENIOR AFFAIRS



RSVP

VOLUNTEER REGISTRATION FORM (Minimum Age 55)
714 Seventh St. SW • Albuquerque, NM 87102 • (505)764-1616 FAX (505)794-1619

Date ____/____/____

How did you hear about RSVP? Friend__ Newspaper __ Radio__ Senior Center__ Other_____

Name _____ Mr. Mrs. Ms.

Home Address _____

City, State & Zip _____

Phone _____ Email: _____ Birth Date ____/____/____

Physical Limitations:

Local Emergency Contact: Name: _____ Phone: _____

Please circle method of transportation to volunteer site:

Walk Personal vehicle Friend City bus Sun van

If you drive your own car: Drivers License No. _____ Expiration Date: _____

I do have personal auto liability insurance: YES NO

Automobile Insurance Company:

Beneficiary for free RSVP Supplemental Accident Insurance:

Name: _____ Relationship _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Are you interested mileage in reimbursement? Yes____ No____

SSN# _____ Are you a veteran of the US Armed Forces? Yes____ No____

Required for reimbursement

I understand that I am not entitled to excess auto liability protection as an RSVP volunteer if I do not maintain liability insurance on my own vehicle. I also understand that my failure to maintain such insurance makes me ineligible to claim reimbursement for service related volunteer transportation expense.

Please Sign below at the X

X _____

Signature of Volunteer

Signature of RSVP Staff Member

(OVER)

VOLUNTEER INFORMATION

Please check the areas of interest where you would like to volunteer

- | | |
|---|--|
| <input type="checkbox"/> Adult Education (Teach a Class) | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Legal Affairs, Paralegal |
| <input type="checkbox"/> Airport Ambassador | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Animals/Shelters or Zoo | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Art Galleries | <input type="checkbox"/> Maintenance/Grounds Worker |
| <input type="checkbox"/> Arts & Crafts Instructor | <input type="checkbox"/> Mediator |
| <input type="checkbox"/> Arts Organizations | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Athletics Coach/Referee | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Blood Pressure Team | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Board Member/Advisory Council | <input type="checkbox"/> Musician, Instrumental or Vocal |
| <input type="checkbox"/> Child Advocacy/Abuse/Neglect | <input type="checkbox"/> Newsletter Publishing |
| <input type="checkbox"/> Clerical/Office Work | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Computers, Data Entry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Consumer Affairs | <input type="checkbox"/> Planting/Gardening |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Reception/Information Desk |
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Schools-- Elementary |
| <input type="checkbox"/> Disaster Services | <input type="checkbox"/> Schools-- Middle |
| <input type="checkbox"/> Dishwasher-- Senior Center/Meal Site | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Senior Center Kitchen Help |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Senior Companion/ Visits |
| <input type="checkbox"/> Driver-Meal Delivery | <input type="checkbox"/> Senior Fitness |
| <input type="checkbox"/> Driver- Senior Center Van | <input type="checkbox"/> Special Events as Assigned |
| <input type="checkbox"/> Driver-Transport Clients/Run Errands | <input type="checkbox"/> Senior Olympics |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Food Bank/ Food Distributing | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Foster Grandparents | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Frail Elderly Support | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Trail Watch, Safety Patrol |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Veterans Affairs, Military Families |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Hospitals, Patient Escort | <input type="checkbox"/> Youth at Risk Programs |
| <input type="checkbox"/> Homeless Agencies | |
| <input type="checkbox"/> Intergenerational Programs | |

Are you currently volunteering? YES NO Where? _____

Are you interested in volunteering for Temporary/Short term projects? YES NO

Education and Training: _____

Hobbies/Interests: _____

Occupation (past or present): _____

Please check times available: Mornings Afternoons Evenings Weekends

How often would you like to volunteer? Daily Weekly Monthly

August 2012