



Answer the Call to Volunteer!



RSVP - Monroe County
1900 S. Clinton Avenue
Rochester, NY 14618
(585) 244-8400 Ext. 177 or 128
(585) 244-9114 Fax

RSVP
of
Monroe & Livingston Counties

RSVP - Livingston County
3 Murray Hill Drive
Mount Morris, NY 14510
(585) 369-4294
(585) 243-7520

VOLUNTEER APPLICATION

Date
Name
Address
City/State/Zip
Phone # Cellular Phone#
E-mail address

Date of Birth (required for eligibility) Gender: Male Female

Verified by review of Government ID
RSVP Staff Signature
Date

\*RSVP provides supplemental "excess" auto liability insurance coverage for its volunteers while on volunteer assignment.

Will you drive to your volunteer site? Yes No

For insurance purposes, it is mandatory that you complete the following:

Driver's License # Expiration Date

\*Accident, accidental life insurance are also provided while traveling from, to and during your assignment

Please complete the following.

Emergency Contact:

Insurance Beneficiary:

Relationship
Name
Address
City/State/Zip
Telephone

Relationship
Name
Address
City/State/Zip
Telephone

MORE ON BACK [arrow]

Please list any medical conditions that would restrict your volunteer work:

\_\_\_\_\_

Do you speak more than one language?  Yes  No

If so, which one(s) \_\_\_\_\_

Have you served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch \_\_\_\_\_

Are you a snowbird? \_\_\_\_\_ Yes (From \_\_\_\_\_ to \_\_\_\_\_) \_\_\_\_\_ No  
(fly south for the winter)

How did you hear about RSVP? *Check one or more*

- Lifespan Website       RSVP brochure       RSVP member       Newspaper/print
- Presentation       Where I volunteer       Media/public service announcement       Mailing
- Other (please describe) \_\_\_\_\_

.....  
 I permit...  I do not permit... Lifespan or RSVP to use my photograph for publication, illustration, display, broadcast, or other purposes at the discretion of the RSVP program.

**Volunteer Responsibilities:** I agree to volunteer my services through RSVP and understand that I am not an employee of LIFESPAN or RSVP. I allow RSVP to share the information on this form with potential assignment agencies. I also understand that if I use my personal automobile in my volunteer service, I am required to keep in effect automobile liability insurance equal to the minimum limits required by New York State. I will comply with the policy of Lifespan that all staff, volunteers and student interns will adhere to the strictest standards of confidentiality. Information pertaining to clients, staff or agency operations will only be discussed with appropriate individuals and in appropriate locations.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

RSVP Director \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL**

Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_ Specialized Training

Past Employer/Occupation: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ White (non-Hispanic) \_\_\_\_\_ Black (non-Hispanic)  
 \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian/Pacific Islander

Household Income Level: \_\_\_\_\_ less than \$15,000 \_\_\_\_\_ \$15,000-\$24,999  
 \_\_\_\_\_ \$25,000-\$44,999 \_\_\_\_\_ \$45,000-\$74,000 \_\_\_\_\_ \$75,000 or greater