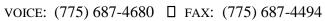
2621 Northgate Lane, Ste. 6 Carson City, NV 89706 RSVP INTERVIEWER(S):

DATE: _____ RSVP INTERVIEWER(S): _____





VOLUNTEER REGISTRATION/APPLICATION FORM

Name:	Single Married
Address: Mailing & Physical	
City:	State: NV Zip Code:
Phone #:	
Cell #:	Birth Date: (Mandatory
Work Phone #:	Sex: Male Female (Please circle one)
E-mail Address:	
How did you hear about RSVP?	
ARE YOU A VETERAN? (Please circle or	ne) Yes No
Do you drive? (YES) (NO)	Do you plan to drive your own car? (YES)(NO)
If so, I	, a RSVP Volunteer, understand that if I use my personal
automobile in my volunteer service, I will arr	range to keep in effect, automobile insurance equal to the minimum
limits required by our state.	State: Expiration Date:
(Copy required / both sides, if there is a renewal state Auto Insurance Carrier:	icker)
	(Copy of Nevada Evidence of Insurance Card required
*+ Social Security #:	
	nteers who wish to be Home Companions, Drivers, or Lifeline
★ RSVP Requires a background check (as	t our expense) for Home Companion, Driver, Lifeline Installer,
Respite, and/or RSVP	Office before placement on first assignment.
When are you available? AM PM _	(Circle one or more) M T W TH F SAT SUN
What would you like to do? (Please check	all that apply)

→ Lifeline Installer: (Medical Alert System) Installation		
 RESPITE Care (Volunteers <u>do not</u> provide personal transport their clients.).	care, health care and/or cleaning services, or	
★RSVP Office- General Clerical (open/sort mail, stuff	envelopes, answer phones, data entry, etc.)	
Volunteer Reg/App.doc (Over Please)	Rev. 7_2014	
Computer: (word processing, data entry) Hospital, Clinic, Convalescent Center Commodities: (USDA Food Distribution) Nutrition Programs City, County, State Agencies and Departments	Library ServicesGift and/or Thrift ShopSheriff's of Fire DepartmentTour guide/docent Arts/Cultural	
Work with children/youth: schools, museums, clubs Other	Arts/CulturalLiteracy or ESL LiteracyWestern Nevada College	
Please tell us a little about yourself [Optional]: (Check all appli	cable)	
WORK/SKILLS AND VOLUNTEER EXPERIENCE:	SPECIAL INTEREST:	
Office / Accounting / Business ManagementTeacherMilitaryCasino / RestaurantSales / CashierHealth Services / HomemakerHandyman Skills / Construction, etcComputers (What types and programs)	Reading, MusicCooking. BakingCrochet / Knitting / SewingArts / Crafts / Painting/PhotographyAnimalsTravelCollecting / Antiquing	
Other skills: Please List		
Do you speak a foreign language (List):		
Statistical Data (Requested by the Corporation for National (CHECK ONE ONLY PLEASE) White Hispanic Asian/Pacific Is Native American Af		
IN CASE OF EMERGENCY Please Call: Name		
Relationship:	Phone	
BENEFICIARY FOR RSVP ACCI (SPECIAL NOTE: A Beneficiary must be s		
NAME R	RELATIONSHIP	
ADDRESS		
CITY STATE		