

RSVP

Lead with Experience

RSPV of Marion County
PO Box 1388 3001 SW College Road
Ocala, FL 34478
Contact: Dian Booth
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VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION

Name _____
(Mr/Ms/Mrs) (First) (Middle) (Last)

Telephone _____ Email _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above): _____

Birth date: _____ Education: **HS** **College** Female _____ Male _____
(Please circle highest level)

Emergency Contact _____ Telephone _____

Ethnic group: African American Asian, Pacific Island Caucasian Hispanic Native American

Special needs: wheelchair access no heavy lifting limited standing

How did you find out about RSVP? Another Volunteer Media Community Event Publications

Availability: Weekly Episodic Virtual Volunteering

Special On-Call List – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from organizations.

THE FOLLOWING ARE AREAS IN WHICH THERE ARE OCCASIONAL OR FREQUENT VOLUNTEER NEEDS IN OUR COMMUNITY. PLEASE REVIEW IT AND MARK THOSE AREAS WHERE YOU FEEL YOU CAN BEST FILL A NEED. THANK YOU.

ADVOCACY/SUPPORT Coaching/Facilitating/Mentoring	BOARD / COMMITTEES FUND RAISING ACTIVITIES	TUTORING
<input type="checkbox"/> Career Coaching	<input type="checkbox"/> Board/Committee Membership	<input type="checkbox"/> Elementary Students
<input type="checkbox"/> Financial Difficulty	<input type="checkbox"/> Events Planning	<input type="checkbox"/> High School Students
<input type="checkbox"/> Persons w/ Disabilities	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> College Students
<input type="checkbox"/> Seniors	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Language: (Specify) _____
<input type="checkbox"/> Children / Youth		<input type="checkbox"/> Sign Language

ENVIRONMENT / WILDLIFE & ANIMAL PROTECTION	OFFICE / CLERICAL	SAFETY / DISASTER BASIC NEEDS ASSISTANCE
<input type="checkbox"/> Animal Caretaker	<input type="checkbox"/> Bulk Mailing	<input type="checkbox"/> Disaster Response
<input type="checkbox"/> Gardening / Landscape	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Food Service Delivery
<input type="checkbox"/> Forestry	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Homeland Security
<input type="checkbox"/> Wildlife / Wetlands Protection		<input type="checkbox"/> Law Enforcement
MISCELLANEOUS	SKILLED TRADES	
<input type="checkbox"/> Gift / Thrift Shop	<input type="checkbox"/> Auto	
<input type="checkbox"/> Honor / Color Guard Services	<input type="checkbox"/> Carpentry / Construction	
<input type="checkbox"/> Information Desk / Tour Guide	<input type="checkbox"/> Cooking / Food Preparation	
<input type="checkbox"/> Library Services	<input type="checkbox"/> Electrician / Plumbing	
<input type="checkbox"/> Photography / Video / Film		
<input type="checkbox"/> Research or Survey		
BUSINESS / MANAGEMENT		
<input type="checkbox"/> Accounting / Bookkeeping	<input type="checkbox"/> Income Tax Preparation	<input type="checkbox"/> Office Systems Procedures
<input type="checkbox"/> Computer / Data Processing	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Project Coordination
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Marketing / Advertising	<input type="checkbox"/> Small Business Development
		<input type="checkbox"/> Tax Consulting

FREE SUPPLEMENTAL INSURANCE for RSVP VOLUNTEERS ONLY:

RSVP provides volunteers with Accident, Personal Liability and EXCESS Automobile Liability Insurance. The following information is needed for program information/insurance coverage:

RSVP SUPPLEMENTAL ACCIDENT INSURANCE – BENEFICIARY INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

****** ALL VOLUNTEERS – PLEASE READ AND SIGN******

Voluntary Donation of Services: I understand that registration with RSVP does not restrict my choice of volunteer jobs. I am free to accept or reject any volunteer placement offered to me. I give my permission to RSVP for releasing the information on this form to the agency where I select to volunteer.

Volunteer Signature

Date