

RSVP of Eastern Oregon Volunteer Application

(PLEASE PRINT YOUR APPLICATION)

Name: _____ Phone: _____

Address: _____ Msg Phone: _____

_____ Birth date: ____/____/____

Driver's License #: _____ Expiration Date: _____

Sex: ____ Male ____ Female Ethnicity: ____ White ____ Native American

Veteran? ____ Yes ____ No ____ Hispanic ____ Asian/Pacific Islander

Marital Status: ____ Single ____ Married ____ Black ____ Other

Handicapped: ____ Yes ____ No

Physical Limitations: _____

Where did you hear about RSVP?: _____

Are you currently volunteering? ____ Yes ____ No If "Yes", where: _____

Driver's License No: _____ Expires: _____

Past Employment: _____

Days & Times Available:

() Weekends ____ am ____ pm

() Monday ____ am ____ pm

() Tuesday ____ am ____ pm

() Wednesday ____ am ____ pm

() Thursday ____ am ____ pm

() Friday ____ am ____ pm

Emergency Notification:

Person to Notify: _____ Relationship: _____

Telephone Number: _____

Beneficiary for RSVP Accident & Life Insurance:

Person to Notify: _____ Relationship: _____

Address: _____ Telephone: _____

Signature of Volunteer

Today's Date

Signature of RSVP Director

Date: _____

Date Received: _____

Data Entered by: _____