



## RSVP Volunteer Enrollment Form

**Name:** \_\_\_\_\_  
*Please print*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_  
*You must be 55 or older to enroll*

**Race/Ethnicity:** *This information is required, and is used for statistical purposes only.*

☐ Caucasian ☐ African-American ☐ Hispanic

☐ Native American or Alaskan ☐ Asian or Pacific Islander

**Sex:** ☐ Male ☐ Female

**Do you have a disability?** ☐ Yes ☐ No

**Are you a veteran?** ☐ Yes ☐ No

**Type of transportation:** ☐ Personal Vehicle ☐ Public Transportation

*All volunteers using their personal vehicle in the course of volunteering must maintain automobile liability insurance equal to or greater than the minimum required by state law.*

**Please list someone to contact in case of an emergency:**

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please designate a beneficiary for your free RSVP Supplemental Insurance:**

*It is important that you designate a beneficiary. Enrollment forms without a beneficiary cannot be processed. Please remember to include your beneficiary's complete contact information.*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**If there is a specific place you'd like to volunteer, please list it here:**

**Organization Name:** \_\_\_\_\_

**Your volunteer skills and/or interests:** *Check all that apply*

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Answering Phones            | <input type="checkbox"/> Assisting with Activities             | <input type="checkbox"/> Bilingual Skills                 | <input type="checkbox"/> Board or Committee Work           | <input type="checkbox"/> Bookkeeping                  |
| <input type="checkbox"/> Clerical Work               | <input type="checkbox"/> Companionship/Friendly Visitation     | <input type="checkbox"/> Computer Skills                  | <input type="checkbox"/> Consumer Fraud Education          | <input type="checkbox"/> Counseling/Support           |
| <input type="checkbox"/> Crisis Hotline              | <input type="checkbox"/> Delivering Meals on Wheels            | <input type="checkbox"/> Disaster Preparation             | <input type="checkbox"/> Environmental Awareness Education | <input type="checkbox"/> Food Pantry                  |
| <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Interviewing Clients                  | <input type="checkbox"/> Marketing                        | <input type="checkbox"/> Miscellaneous Entertainment       | <input type="checkbox"/> Non-Profit Capacity Building |
| <input type="checkbox"/> Preparing Mailings          | <input type="checkbox"/> Preparing Meals                       | <input type="checkbox"/> Providing Respite for Caregivers | <input type="checkbox"/> Public Relations                  | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Reading Stories to Children | <input type="checkbox"/> Recruiting Volunteers for Non-Profits | <input type="checkbox"/> Serving Meals                    | <input type="checkbox"/> Singing                           | <input type="checkbox"/> Special Events               |
| <input type="checkbox"/> Tax Preparation             | <input type="checkbox"/> Thrift Store Work                     | <input type="checkbox"/> Tutoring Children                | <input type="checkbox"/> Typing                            | <input type="checkbox"/> Victim Assistance            |

### Nondiscrimination Policy

This program is available to all, without regard to formal education, experience, race, color, national origin including limited English proficiency, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information or military service.

***I, the undersigned, hereby request to be enrolled as a participant in the RSVP Volunteer Program. I understand that my service is voluntary and I agree to serve without compensation. I certify that I am at least 55 years old. I certify that I will, if using my personal vehicle in the course of my service, maintain a valid driver's license and automobile liability insurance equal to or greater than the minimum required by state law.***

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

***Please email or mail this form to:***

**[marellano@erjcchouston.org](mailto:marellano@erjcchouston.org)  
RSVP of Southeast Texas  
5601 S. Braeswood  
Houston, TX 77096  
Phone: 713-595-8157**