



RSVP of Cape Cod and the Islands
 68 Route 134; South Dennis, MA 02660
 508-394-4630
VOLUNTEER REGISTRATION

Name: _____ Date of Birth: _____

Preferred name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Preferred method of communication: Email Postal Mail

Driver's License Number: _____ State: _____ Expiration Date: _____

Are you a Veteran? Yes No

Ethnicity/Race: Hispanic/Latino American Indian/Alaskan Native Asian
(optional) Black/African American Native Hawaiian/Pacific Islander White
 Cape Verdean Other: _____

Education: High School College Graduate School Trade/Vocational
(optional) Other: _____

Work Experience:

Volunteer Experience:

Are you a full time or part time resident? Full Time Part Time

If part time resident, what is your availability? _____

Volunteer Interests (check all that apply):

- | | | |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Advocacy/Mediation | <input type="checkbox"/> Clerical | <input type="checkbox"/> Companionship |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> Disaster Preparedness and Response |
| <input type="checkbox"/> Education - Adults | <input type="checkbox"/> Education - Children | <input type="checkbox"/> Food Bank/Pantry |
| <input type="checkbox"/> Environment - Land | <input type="checkbox"/> Environment- Water | <input type="checkbox"/> Meal Delivery |
| <input type="checkbox"/> Health and Exercise | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Public Health | |

Are you interested in one time special events/projects? Yes No

List any skills you would use as a volunteer: _____

What language(s) do you speak? English Only Other (please list): _____

How did you hear about RSVP? _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Beneficiary for RSVP Supplemental Accident Insurance	
Name: _____	Relationship: _____
Address: _____	Phone Number: _____

I verify that the above information is accurate, and that I freely volunteer my time through RSVP. I understand that I am not an employee of RSVP, or of Elder Services of Cape Cod & the Islands, Inc. (ESCCI). I hereby acknowledge that a Criminal Records (CORI) check of my background will be made. If I use my car while volunteering, I will keep auto liability insurance at least equal to that required by Massachusetts and maintain a current driver’s license. I further agree to report my volunteer hours each month and to update RSVP when/if my information changes.

While serving as an RSVP Volunteer: I will not engage in electoral and political activities, including efforts to influence legislation or elections, conduct voter registration or transport voters to polls; I will not replace staff or serve in a staff role; I will not assist, promote or deter union organizing or organize or engage in protests, petitions, boycotts or strikes; I will not accept compensation or a fee for service from beneficiaries of my volunteer service; I will not engage in religious instruction, conduct worship services or engage in proselytization as part of my volunteer activities.

Signature

Date

I give permission to RSVP and ESCCI to use my name, photographs or video of me in publicity intended to promote RSVP or ESCCI.

Signature (optional)

Date