United Way Retired & Senior Volunteer Program
Northwest Indiana
Volunteer Registration Form

PLEASE PRINT & FILL OUT ALL INFORMATION

Name First: ___________________ M.I. _____ Last: ________________________________

Street Address: __________________________________________ City: _____________ Zip: ________

Birth Date (Required): _____________ Email Address: ______________________

**RSVP requires age verification. In order to qualify, please provide a photocopy of a driver’s license, government ID, passport or birth certificate with this application.**

Home Phone: ___________________ Cell Phone: ________________________________

How did you hear about RSVP? __________________________ Are you a veteran? Yes______ No______

Emergency Contact: __________________________ Phone: ___________________________

If you are driving to your volunteer site, provide the name of car insurance company here:

________________________________________

What is the name of your current or most recent former employer? ___________________________

Please provide your shirt size for your volunteer t-shirt: _____S_____ M______ LG_____ 1XL____ 2XL____ 3XL

**VOLUNTEER AREAS OF INTEREST**

Mark all that apply.

___ Arts/Crafts
___ Assembling mailings
___ Carpentry
___ Children/Teens
___ Computers
___ Crisis Intervention
___ Preparedness/Response
___ Diversity Awareness
___ Drug/Alcohol
___ Prevention or Rehab
___ Education/Tutoring
___ Filing/Clerical
___ Food Delivery
___ Food Pantry
___ Friendly Visitation
___ Games
___ Gardening
___ General Maintenance
___ Health/Nutrition
___ Hospice
___ Hospital
___ Host/Hostess
___ Job Coaching
___ Leadership Role
___ Mentoring
___ Music
___ Nursing Homes
___ Phone Calling
___ Providing rides
___ Reading to others
___ Receptionist
___ Seniors
___ Serve Meals
___ Serving on Board
___ Sewing/Knitting
___ Social Justice
___ Special Events
___ Sports
___ Thrift Stores
___ Veterans
___ Other: ___________________

Name any activity that you would feel uncomfortable doing: ________________________________

I am interested in the following. Mark all that apply.

_____ A regular position with the same day and hours each week: __________________ (Days/Time)

_____ A regular position, but less often: ________________________ (Days/Time)

_____ Working on special projects/events

_____ Other: ___________________________________________________

If you currently volunteer, please list where and when: ________________________________

Do you want to volunteer only at a particular agency? If yes, please list: __________________

Please list any special skills you have: __________________________________________________

What kind of educational and social events would you like to participate in?

_________________________________________________________________________________

_________________________________________________________________________________
WHY DO YOU VOLUNTEER?
Please check off your motivation(s) for wanting to volunteer. Mark all that apply. The information provided will be utilized to help find you the perfect placement.

☐ Help less fortunate  ☐ Improve confidence/self-esteem  ☐ Social interaction
☐ Personal growth  ☐ Feel a civic responsibility  ☐ Spiritual/Religious
☐ Friends & family members volunteer  ☐ Giving back to the community  ☐ Personal satisfaction
☐ Feel I have something to give reasons  ☐ Commitment to peace and justice  ☐ Develop skills
☐ Committed to a certain cause  ☐ Stay active and healthy  ☐ Learn from experience
☐ To learn about my community  ☐ To stay busy, fill up extra free time with something meaningful
Other: ____________________________________________________________

STAYING IN TOUCH
As part of this program, you will periodically receive communications from United Way of Porter County. Communications will be either by mail, email *(preferred to reduce cost)* or both. Please make your selection below.

☐ I prefer to receive communications by mail.
☐ I prefer to receive communications by email. I have provided my email on the first page of this application.
☐ I will accept information by mail or email.

Do you use Facebook? Yes No If yes, follow us at www.facebook.com/unitedwaypc.

PHOTO RELEASE & BACKGROUND CHECK
I, ________________________________, hereby release the use of photos of me in my role as an RSVP volunteer to United Way of Porter County to utilize in promotional materials and more.

I also hereby allow United Way of Porter County to perform a criminal background check on me per the federal requirements of this program. I understand that my acceptance into this program is based on the results of this background check and that United Way of Porter County will keep all background check information confidential.

Signature: _______________________________  Date: ________________

ACCIDENTAL DEATH BENEFIT
While you are volunteering, you are eligible for an automatic $2,500 accidental death benefit.

Please designate a beneficiary below:

Beneficiary’s Name: _______________________________  Relationship: _______________________________

Address: ________________________________________________  Phone: ______________________

INTAKE NOTES TO BE COMPLETED BY OFFICE
Preliminary Process Completed By: __________________________
Date Welcome Packet Sent: ______________

RSVP Director’s Signature: ___________________________  Date: ________________