



# LIFT RSVS

## RSVP VOLUNTEER ENROLLMENT FORM

“This institution is an equal opportunity provider, and employer.”

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATION(s) ASSIGNED: \_\_\_\_\_ ARE YOU A VETERAN ? \_\_\_\_\_

Weekly Days + Time Available	AM	PM	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Anytime
Monthly Days + Time Available	AM	PM	1 <sup>st</sup> Week	2 <sup>nd</sup> Week	3 <sup>rd</sup> Week	4 <sup>th</sup> Week				Anytime

Hobbies/Interest: \_\_\_\_\_

Education/Training/General Skills: \_\_\_\_\_

Physical Limitations (if any): \_\_\_\_\_

HAVE A CAR ? YES____, NO____	MAKE & MODEL: _____
DRIVER'S LICENSE #: _____	STATE ISSUED____, EXPIRATION DATE: _____
AUTO INSURANCE CO.: _____	EXPIRATION DATE: _____

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the state of Oklahoma.

Also, I volunteer my services through LIFT Retired and Senior Volunteer Program (RSVP) and understand that I am not an employee of RSVP or LIFT Community Action Agency, Inc. Additionally, I give LIFT RSVP/LIFT Community Action Agency permission to use a story and/or photograph based on my personal information provided for the promotion of the program.

Emergency Contact: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary for RSVP Accident Insurance: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Signature of LIFT RSVP Staff \_\_\_\_\_



# LIFT RSVP

## COMMUNITY & VOLUNTEER ASSESSMENT SURVEY

Many volunteers donate their services within numerous organizations, activities and locations throughout their communities, schools, and churches. RSVP would like to do an annual assessment survey on the communities and RSVP volunteers serving within SE Oklahoma.

PLEASE take a minute to complete the following survey. This survey will help us determine the areas of community needs, interest and the on going volunteer commitment within the communities to which RSVP volunteers serve.

I am a **PART-TIME** Volunteer within the following areas. (MARK WITH A ).

I am a **FULL-TIME** Volunteer within the following areas. (MARK WITH A  ).

### General Community Volunteer Services within:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Civic Organizations   | <input type="checkbox"/> Local/County Coalitions | <input type="checkbox"/> Heritage Society    |
| <input type="checkbox"/> Garden Clubs          | <input type="checkbox"/> Book Clubs              | <input type="checkbox"/> Library             |
| <input type="checkbox"/> Museums               | <input type="checkbox"/> Community Parks         | <input type="checkbox"/> Rodeo Clubs         |
| <input type="checkbox"/> Cemetery Associations | <input type="checkbox"/> Fair Boards             | <input type="checkbox"/> Parks/Tourism Clubs |
| <input type="checkbox"/> Fund-Raisers          | <input type="checkbox"/> Benefits                | <input type="checkbox"/> Church Activities   |

### Youth/School Volunteer Services within:

- |  |   |                                    |                                       |
|--|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> DayCare Centers | <input type="checkbox"/> Pre-School Centers | <input type="checkbox"/> Headstart | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Elementary      | <input type="checkbox"/> Jr. High           | <input type="checkbox"/> Sr. High  |                                       |

Type of Service Provided:  Tutor  Mentor  Teacher Assistant  Other

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 4-H Activities  | <input type="checkbox"/> FFA Activities            | <input type="checkbox"/> Boy Scouts              |
| <input type="checkbox"/> Girl Scouts   | <input type="checkbox"/> Youth Centers             | <input type="checkbox"/> Rodeo/Playday Events    |
| <input type="checkbox"/> Livestock Shows   | <input type="checkbox"/> Boys & Girls Clubs        | <input type="checkbox"/> Sporting Events         |
| <input type="checkbox"/> Summer Camps  | <input type="checkbox"/> Church Camps              | <input type="checkbox"/> Performing Arts         |
| <input type="checkbox"/> Fund-Raisers/Benefits   | <input type="checkbox"/> Youth Leadership Training | <input type="checkbox"/> Drug/Tobacco Prevention |
| <input type="checkbox"/> Educational Group Outdoors Activities ( Hunting/Fishing/Camping/Riding) |  |  |

### Special Interest Volunteer Services within:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Masonic Lodge | <input type="checkbox"/> VFW          | <input type="checkbox"/> Volunteer Fire Departments                        |
| <input type="checkbox"/> Church        | <input type="checkbox"/> Ethic Groups | <input type="checkbox"/> Relay for Life <input type="checkbox"/> Red Cross |

### Senior Citizen Volunteer Services within:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nutrition Centers  | <input type="checkbox"/> Shopping Transportation | <input type="checkbox"/> Doctor Transportation |
| <input type="checkbox"/> Home Visits        | <input type="checkbox"/> Visit by Phone          | <input type="checkbox"/> Meals Preparation     |
| <input type="checkbox"/> Light Housekeeping | <input type="checkbox"/> Companionship           |  |

Name of Volunteer: \_\_\_\_\_ DATE: \_\_\_\_\_