



Enrollment Form

TODAY'S DATE _____

DATE OF BIRTH _____

APPLICATION FOR: _____ RSVP (AGE 55 AND OVER) _____ MEDICAL RESERVE CORPS
_____ COMMUNITY VOLUNTEER (UNDER AGE 55)

NAME _____ PHONE _____

ADDRESS _____

Street

City

zip

E-Mail _____ Are you currently volunteering anywhere? Yes _____ No _____

Name of site(s) where you are currently volunteering: _____

Would you like to be contacted to receive assistance in finding a place to volunteer? Yes _____ No _____

Would you like to be contacted for one day events and short term volunteer opportunities? Yes _____ No _____

Areas of Volunteer Work I Am Interested In

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Accounting & Bookkeeping _____ | Habitat Homes _____ | Office Work _____ |
| Animals _____ | Health Care _____ | One Day Special Events _____ |
| Bulk Mail _____ | Homeland Security _____ | Receptionist/Telephoning _____ |
| Carpentry _____ | Host/Greeter at Special Events _____ | Sewing/Knitting/Crocheting _____ |
| Children Safety _____ | Festivals _____ | Law Enforcement _____ |
| Coat Check @ the Civic Theater _____ | Newsletters & Proofreading _____ | Tutor & Literacy _____ |
| Computer Programming _____ | Legal _____ | Library _____ |
| Data Entry _____ | Music _____ | Usher / Tour Guide _____ |
| Environmental Issues _____ | Mentoring Children _____ | Web Design _____ |
| Stage & Museum Exhibit _____ | Translator _____ | Income Tax Preparation for Low _____ |
| Construction _____ | (Language: _____) | Income Families _____ |

Do you hold any special licenses? (RN, Physician, Dentist, Attorney, etc.) _____

Do you speak any foreign languages? (If so, please list) _____

Emergency Contact: _____

NAME

PHONE NUMBER

RELATIONSHIP

During your volunteer time you are covered by CIMA supplemental insurance at no cost to you.
Please designate a beneficiary or write "estate"

Name _____ Relationship _____

Phone _____ Address _____

Volunteer Signature _____ Parent Signature _____

(If volunteer is under age 18)

RSVP Director Signature _____ Date _____

Return to: Volunteer Center @ RSVP 3401 Lake Ave., Suite 4, Fort Wayne IN 46805 (260) 424-3505