


VOLUNTEER REGISTRATION FORM

RSVP VOLUNTEER CENTER
333 Reed Ave.
P O Box 1450
Manitowoc, WI 54221-1450
(920) 320-8546
vc@hfmhealth.org
www.volunteermatch.org



Enrollment Date: _____

Are you volunteering as a member of a group?

Yes _____ No _____

Group Name (if applicable): _____

Male _____ Female _____ Family _____

If Family, other member's names: _____

1. Individual Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____

E-mail Address: _____

2. Personal Information:

Birth Date: _____ Physician/Counselor (optional): _____

Health Problems/Physical Limitations: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Proof of Identity: (choose one) Driver's License State ID Student ID Other: _____

#: _____ Expiration Date: _____

Have you ever been convicted of a crime? YES NO If yes, when? _____

Where? _____ Nature of the Offense: _____

3. Please list three (3) personal or professional references (No relatives please):

Name: _____ How long known? _____

Address: _____ Phone: _____

Relationship: _____

Name: _____ How long known? _____

Address: _____ Phone: _____

Relationship: _____

Name: _____ How long known? _____

Address: _____ Phone: _____

Relationship: _____

VOLUNTEER PREFERENCES:

1. How did you first learn about the RSVP VOLUNTEER CENTER? _____
2. What times/days do you prefer to volunteer? _____
3. How will you get to your volunteer assignment? _____
4. I prefer to work with : Children Teens Adults Elderly Disabled Animals Other: _____
5. I prefer: Quiet Setting Busy Setting Indoors Outdoors Working alone Working with others Any
6. What do you hope to gain from volunteering? _____
7. Present or Previous Occupation: _____
8. Special skills or training: _____
9. Do you have typing or computer experience? ____ Yes ____ No Type of Software: _____
10. Do you speak or read a foreign language? ____ Yes ____ No Please, specify: _____
11. Hobbies/Interests: _____

Notes: _____

WHERE WOULD YOU LIKE TO VOLUNTEER? (List in order of preference)

Agencies/Organizations/Sites	Volunteer Position	Start Date

***Beneficiary For RSVP Insurance:** (Only fill out Beneficiary section if applicant is age 55 or older)

Name: _____ Relationship: _____

Address: _____ Phone: _____

I, the undersigned, verify that the information contained in this form is true and correct to the best of my knowledge. I also hold harmless the RSVP VOLUNTEER CENTER, their employees and sponsors from any and all liability resulting from any personal injury received during the course of my volunteer activities. In addition, I authorize the RSVP VOLUNTEER CENTER to release any information contained in this Profile/Enrollment Form for the purpose of my referral as a volunteer to an agency or organization. I further understand that if I use my personal vehicle in my volunteer service, I will keep in effect at least the minimum vehicle liability insurance as required by the State of Wisconsin. The RSVP VOLUNTEER CENTER has my permission to use my name, quotes, or photo for publicity purposes.

Please sign and bring to your Enrollment Appointment!

Volunteer's signature: _____ Date: _____

Parent's signature (if minor): _____ Date: _____

RSVP VOLUNTEER CENTER

333 Reed Ave., P.O. Box 1450, Manitowoc, WI 54221-1540, Phone (920) 320-8546

FAX (920) 686-7640 VC@hfmhealth.org



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