



RETIRED AND SENIOR VOLUNTEER PROGRAM

418 E. Florida Ave, Hemet, CA 92543

951-929-0423

VOLUNTEER APPLICATION

VOLUNTEER STATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____

*DATE of BIRTH: _____ Bilingual: _____ Language/s: _____

(* This information is necessary per Senior Corp.)

* ETHNIC GROUP

Hispanic/Latino _____ American Indian/Alaskan Native _____ Asian _____
African American _____ Native Hawaiian/Pacific Island _____ Caucasian (non-Hispanic) _____

MODE OF TRANSPORTATION: _____

EDUCATION / SPECIAL TRAINING: _____

PREVIOUS TRADE / PROFESSION: _____

Would you be available for special event volunteering: _____

Are you presently volunteering: _____ Where: _____

- AREAS OF INTEREST: Literacy _____ Citizen Patrol _____ Food Distribution _____ Animals _____
Filing _____ Museum Docent _____ Hospice _____ Library _____ Tutoring _____ Senior Care _____
Phone _____ Thrift Store _____ Home Service _____

I wish to authorize Central County United Way

the use of my likeness for photographic or digitized images, video and/or print media: Yes ___ No ___

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City, State and Zip: _____

Home Phone: _____ Work Phone: _____

DESIGNATION OF BENEFICIARY: (RSVP Accident Insurance)

(ONLY IF DIFFERENT THAN EMERGENCY CONTACT INFORMATION)

Name: _____ Relationship: _____

Address: _____ Zip _____ Phone# _____

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

Volunteer

Date

RSVP Program Director

Date

