

Northshore Senior Center (NSC) & Retired Senior Volunteer Program (RSVP) Volunteer Application



RSVP is a volunteer organization who encourages people 55 and older to volunteer in their community. You will be automatically enrolled in RSVP. A few benefits are: you may receive reimbursement for public transportation and auto mileage, if you require assistance in order to volunteer; and, you also receive supplemental personal and auto liability insurance in excess of your own coverage while traveling to and from a volunteer site; and other benefits outlined in their program.

Today's Date _____ Date of Birth _____ Over 55?

NAME _____

Last First Middle
ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL or WORK PHONE _____

EMAIL (if you use on a regular basis) _____

BEST TIME/DAY TO CONTACT YOU _____

MEMBER OF NORTHSHORE SENIOR CENTER? Yes No

If not, how did you hear about us? _____

Have you volunteered with NSC before? Yes No (where and when?) _____

Have you volunteered with RSVP before? Yes No (where and when?) _____

For Statistical Purposes Only – this information will assist us in reporting to our funders

Ethnicity			Gender
African American <input type="checkbox"/>	American Indian <input type="checkbox"/>	Other _____	Male <input type="checkbox"/>
Asian American <input type="checkbox"/>	Caucasian <input type="checkbox"/>		Female <input type="checkbox"/>
Hispanic American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>		

Do you have any physical or medical limitations?

Emergency Contact Information

Emergency Contact _____ Relationship & Telephone Number _____

Past Volunteer Information

Have you volunteered in the past? Yes No If yes, please describe your past volunteering below.

1. _____
2. _____
3. _____

Volunteer Preferences

Which facilities are you interested in volunteering?

- Bothell
 Kenmore
 Mill Creek
 Woodinville
 Lake Washington Adult Day Center (Kirkland)
 Northshore Adult Day Center

Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

How often would you like to volunteer? Once or more per week Once a month Special events only

What type of volunteer positions most interest you?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Auction/Fundraising | <input type="checkbox"/> Bakers | <input type="checkbox"/> Care Buddies (Support Seniors) | <input type="checkbox"/> Cashiers |
| <input type="checkbox"/> Coffee Bar | <input type="checkbox"/> Computer Data Entry | <input type="checkbox"/> Computer Learning Center | <input type="checkbox"/> Drivers |
| <input type="checkbox"/> Employment Office | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Kitchen Helpers | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Handy Folks | <input type="checkbox"/> Holiday Dinners | <input type="checkbox"/> Instructors |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Mailing | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Organizing Activities/Trips |
| <input type="checkbox"/> Pancake Breakfast | <input type="checkbox"/> Receptionists | <input type="checkbox"/> Roustabouts (worker/helper) | <input type="checkbox"/> Rummage Sale |
| <input type="checkbox"/> Outreach to members | <input type="checkbox"/> Special Events | <input type="checkbox"/> Trainers/Facilitators | <input type="checkbox"/> Working With Disabled People |

Top 3 choices: _____, _____, _____

If you are to drive to and from volunteer activities, please complete the information below. If NO, please check box .

RSVP VOLUNTEER INSURANCE STATEMENT: I will keep in effect auto insurance equal to or greater than the minimum required by the State of Washington or by the state where my auto is insured.

Drivers License Number: _____

Beneficiary for RSVP Accident Insurance: _____

Relationship to Beneficiary: _____ Phone: _____

Address of Beneficiary: _____

Volunteer Signature - REQUIRED

Date

All volunteers will need to complete a Washington State Patrol check (request for criminal history).

Date Called: _____ Date Interviewed: _____ Starting Date: _____

WSP form filled out by volunteer? WSP cleared? Yes No Date cleared: _____

Date added to volunteer database: _____ Date added to NSC database: _____

Placed: _____ Position: _____ Day/Time: _____

Other: _____