



Volunteer Registration for RSVP of Central Oklahoma, Inc.

"A Bridge Between Those Who Need and Those Who Give."
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Please complete all areas on both sides of this form. All information is solely for RSVP office use and remains strictly confidential.

Name: _____ Are you a past member of RSVP? Y N

Mailing Address: _____
(Street) (City) (Zip Code)

Telephone Numbers: Home _____ Work: _____ extension: _____

Cell Phone/Pager: _____ eMail Address: _____

Birthdate: ____ / ____ / ____ Gender: Male Female Driver's License Number: _____

If you do not drive, what form of transportation do you use? _____

Physical Limitations: _____

Please note: You are not obligated to disclose your ethnicity or marital status.

We request this information only to help us know you better and to determine compliance with federal civil rights laws.

Ethnicity: American Indian/Alaskan Asian/Pacific Islander Black Hispanic White I prefer not to respond

Previous Occupation and Employer: _____

Educational Background: _____

How did you hear about RSVP? (If from a friend, please tell us their name): _____

Spouse's Name: _____ Anniversary: ____ / ____ / ____ Is spouse RSVP member? Y N

All RSVP members receive FREE accident insurance. Who would you like to designate as your beneficiary?

Name: _____ Relationship: _____ Phone: _____

Please list two (2) LOCAL persons we should call in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



More on reverse. Please complete backside also.



Current civic/community/volunteer involvement: _____

In which areas of Oklahoma County do you wish to volunteer?

- North OKC South OKC East OKC West OKC Central OKC Edmond
 Bethany Mid-Del Area Choctaw/Harrah Spencer/Jones No preference

The following information will be used to match you with volunteer opportunities. Please check as many areas of interest as you like, but ONLY those in which you are willing to serve as a volunteer.

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative/Management | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> At-Risk Youth | <input type="checkbox"/> Gift Shops | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Bulk Mail/Zip Coding | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Carpentry/Woodwork | <input type="checkbox"/> Hand Addressing | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Senior Advocacy |
| <input type="checkbox"/> Children | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Homeless | <input type="checkbox"/> Serve as Board Member |
| <input type="checkbox"/> Companionship/Outreach | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Hospice/Terminally Ill | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Computer Instruction | <input type="checkbox"/> Hospital/Medical | <input type="checkbox"/> Sports: _____ |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Infant/Child Care | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Stuff/Label (Group) |
| <input type="checkbox"/> Conference Registration | <input type="checkbox"/> In-Home Care | <input type="checkbox"/> Stuff/Label (Individually) |
| <input type="checkbox"/> Consult/Evaluate | <input type="checkbox"/> Insurance | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Interpreter: _____ | <input type="checkbox"/> Systems Analysis |
| <input type="checkbox"/> Cook/Serve Meals | <input type="checkbox"/> _____ | <input type="checkbox"/> Tax Assistance |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Job Prep/Vocation Education | <input type="checkbox"/> Teenage Parents |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Knitting/Crocheting | <input type="checkbox"/> Telephoning (senior shut-ins) |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Legal Counseling | <input type="checkbox"/> Telephoning (office) |
| <input type="checkbox"/> Disaster Relief/Preparation | <input type="checkbox"/> Literacy/Tutoring | <input type="checkbox"/> Theatre/Fine Arts |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Mental Disabilities | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Driving (seniors to appts) | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Tutoring Adults |
| <input type="checkbox"/> Drug Education | <input type="checkbox"/> Mobile Meals | <input type="checkbox"/> Tutoring Children |
| <input type="checkbox"/> Education | <input type="checkbox"/> Museums | <input type="checkbox"/> Victim Assistance |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Neighborhood Watch | <input type="checkbox"/> Wildlife Preservation |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Work at Festivals |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Organization/Plan | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Outdoor Activities | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Your special talents/skills: _____

Anything else you would like us to know about you? _____

“I understand that RSVP may, at their own expense and discretion, choose to perform confidential background checks on any/all registered members. I hereby give my permission for such checks to occur.”

X

Signature _____

Date _____