

RSVP

Lead With Experience

A Program of Catholic Charities Diocese of Arlington
200 N. Glebe Road, Suite.506 Arlington, VA 22203

Telephone: 703-841-3831 E-Mail: rsvp@ccda.net Fax: 703-841-3840

Enrollment Record

I, (Mr. Mrs. Ms. Miss or _____) (Print Name) _____ wish to volunteer my services through community activities. I understand that I will not be considered as an employee of RSVP or of any organization associated with the program and I grant permission to RSVP to use my name and/or photograph taken at any RSVP related events.

_____ Apt.# _____
Mailing Address

City _____ State _____ Zip Code _____ County _____
Telephone: (_____) _____ - _____ E-Mail: _____ Date of Birth: ____/____/____

White (Not of Hispanic origin)____ Black (Not of Hispanic origin)____ Hispanic____ Asian/Pacific Islander____
American Indian/Alaskan____ Native Hawaiian____ Bi-Racial____ Unspecified____

Education level (highest level completed): Middle School____ High School diploma____ some college____
2 year degree____ 4 year degree____ Graduate degree____ other training____

RSVP pays the premium on accident insurance and on supplemental liability insurance, both personal and automobile, for its volunteers. Pamphlets describing these coverages are available from the RSVP office.

Designation of beneficiary for RSVP accident insurance:

Name of beneficiary Relationship

Address City, State ZIP
Phone number of beneficiary: (_____) _____ - _____

Emergency contact: Name: _____ Phone: (_____) _____ - _____

Address: _____

If you plan to use your personal automobile to, from, or during volunteer work, please enter the following:

Driver's license number (**not** car license plate) State

If you use your personal vehicle in volunteer service, you must keep your driver's license valid and your own auto insurance in effect at least to the minimum coverage required by the Commonwealth of Virginia.

If you are interested in occasional opportunities please indicate your area of interest: Environmental Clean Ups ____
Mailings____ Working with groups____ Volunteer Fairs/Recruitment____ other (please describe) _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

VOLUNTEER INFORMATION

Please list any volunteer positions you are currently filling. Most activities in which you are already helping others will count toward your total volunteer hours.

Organization / Place of Work	Type of Work / Activity

Please check the categories below which might interest you.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Driver / Escort | <input type="checkbox"/> Newsletter Work |
| <input type="checkbox"/> Advocacy / Guardianship | <input type="checkbox"/> Environmental Work | <input type="checkbox"/> One Time Jobs! |
| <input type="checkbox"/> Animal Welfare / Pet Therapy | <input type="checkbox"/> Fund Raising / Grant Writing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Reading to Others |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Health Care – Administrative | <input type="checkbox"/> Recreation Therapy |
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Health Care – Patient Related | <input type="checkbox"/> Sales / Thrift Shop |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Case Work | <input type="checkbox"/> Hospice / Respite Care | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Clerical / Filing | <input type="checkbox"/> Hotline Work | <input type="checkbox"/> Tax Aid / Preparation |
| <input type="checkbox"/> Companion Visiting | <input type="checkbox"/> Library Work | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Computer Work / Data Entry | <input type="checkbox"/> Literacy / ESL | <input type="checkbox"/> Translation / Interpreting |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Mentoring | Language _____ |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Music, Instrumental | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Music, Vocal | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Docent / Guide | <input type="checkbox"/> Needlework / Sewing | <input type="checkbox"/> Woodworking |

Please share your comfort level when working with computers? Please circle 0 1 2 3 4 5

Please share your primary language spoken _____. Do you speak or write any languages other than English? _____ (please specify).

In order to assist you in locating a wonderful volunteer placement, please share with us your career background or previous occupations, skills, interests and hobbies: _____

If you have a disability you would like us to take into consideration in placing you, please specify: _____

How did you learn about Catholic Diocese of Arlington’s RSVP program? RSVP member ____ Friend ____ Catholic Diocese of Arlington Staff member ____ Newspaper ____ Catholic Diocese of Arlington Board Member ____ Web Site ____ Direct mail ____ Radio ____ TV ____ Other volunteer ____ Brochure ____ Volunteer Fair ____ Other (including Volunteer Site Person—please describe) _____

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Volunteer’s Signature		Date		RSVP Staff Signature	Date