



**AmeriCorps Seniors  
Retired and Senior Volunteer Program of Collier County  
RSVP VOLUNTEER APPLICATION**

Volunteer Information:	
<b>Full Name</b>	
<b>Street Address City, State, Zip</b>	
<b>Home Phone</b>	1)
<b>Cell Phone</b>	2)
<b>Email Address</b>	
<b>Driver's License #</b>	
<b>Birth Date</b> <i>(mm/dd/yyyy)</i>	Validated <input type="checkbox"/> Yes <input type="checkbox"/> No Staff Initials:
<b>Are you a year-round resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Share your background:
<b>How you learned about RSVP? Please share why you want to volunteer?</b>
<b>What kind of work do you/did you do for a living?</b>
<b>Describe any volunteer experience you have.</b>
<b>What are some of your favorite hobbies that you would be willing to share as a volunteer?</b>



Educational Status:	Interest Checklist – Choose all that apply:
High School/GED: <input type="checkbox"/> Some College: <input type="checkbox"/> Associate Degree: <input type="checkbox"/> Undergraduate Degree: <input type="checkbox"/> Graduate Degree: <input type="checkbox"/> Doctoral Degree: <input type="checkbox"/> Trade/Vocational Degree: <input type="checkbox"/>	Children: <input type="checkbox"/> Adults: <input type="checkbox"/> Families: <input type="checkbox"/> Veteran Services: <input type="checkbox"/> Drive Veterans to appointments: <input type="checkbox"/> Tutoring/Mentoring: <input type="checkbox"/> Recreational Activities: <input type="checkbox"/> Food Assistance Programs: <input type="checkbox"/> Senior Companionship: <input type="checkbox"/> Healthcare: <input type="checkbox"/> Disaster/Emergency Preparation: <input type="checkbox"/> Leading Workshops/Teaching: <input type="checkbox"/> Accounting: <input type="checkbox"/> Marketing: <input type="checkbox"/> Research: <input type="checkbox"/> Intake Assistance: <input type="checkbox"/> Clerical: <input type="checkbox"/> Info Desk/Answer Phones: <input type="checkbox"/>
Would you be interested in volunteering for the RSVP Advisory Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	Skilled Trades: <input type="checkbox"/> Describe type of trade _____ Fitness: <input type="checkbox"/> (Bone Builders Instructor for osteoporosis fitness class) Other interests: _____
T-Shirt Size: _____	Would you prefer to work from home if possible? Yes <input type="checkbox"/> No <input type="checkbox"/> How would you rate your computer/technology/online skills: Limited: <input type="checkbox"/> Fair: <input type="checkbox"/> Good: <input type="checkbox"/> Excellent: <input type="checkbox"/> Describe your level of skills: _____

<b>Federal Diversity Reporting Requirements.</b> <i>(The following information is for statistical purposes only. Providing this information is <u>voluntary</u>.)</i>	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
<b>Languages Spoken:</b>	<b>Level of Proficiency:</b>
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
<b>Spouses' Name:</b>	
<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Branch of Service:</b>	
<b>Are any of your family members Veterans?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you the widow of a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other:</b> Please let us know if you require any accommodations under the <b>American with Disabilities act.</b>	

<b>Person to Notify in Case of Emergency</b>	
Name	
Home Phone	
Relationship to you	



**Newsletter and Photo Release**

Do you authorize AmeriCorps Seniors RSVP of Collier County to use and publish photographs of yourself volunteering for promotional purposes?  Yes  No Initials: \_\_\_\_\_

**Our Policy**


**Equal Opportunity will be a fundamental principle of this organization, where volunteering is based upon personal capabilities and qualifications without discrimination because of race, color, religion, gender, age, national origin, disability, or any other protected characteristic as established by law.**



**Applicant:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**RSVP Project Director:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Please return this application to:**



**RSVP Project Director  
3339 Tamiami Trail East, Suite 213  
Naples, FL 34112  
(239) 252-5713  
Fax: (239) 252-2638  
meredith.gavin@colliercountyfl.gov**