

RSVP Application

Date: ____/____/____

Name: _____ Preferred name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (h): _____ (c): _____

Email: _____

Are you 55 or older? Yes No Date of Birth: ____/____/____ Gender: Female Male

Are you a Military Veteran? Yes No Marital Status: Married Single Divorced Widowed

Relevant education and work history:

Previous volunteer experience & reasons for volunteering: _____

How did you hear about us? _____

Demographic Information [*optional - used for statistical purposes only*]

Racial/Ethnic Origin categories listed below are representative as the official Census definitions and not of United Way of Northwest Vermont.

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachments.
- Black or African American - A person having origins in any of the black racial groups of Africa.

- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Other _____
- I elect not to identify.

References *[Complete this section only if you are applying for School Buddies or Read to Me programs.]*

List two character references [not relatives]. If you have lived in Vermont less than one year, one of your references needs to be from a previous state of residence.

Name: _____
 Address: _____

 Phone #: _____

Name: _____
 Address: _____

 Phone #: _____

Information for RSVP Supplemental Insurance Coverage

RSVP provides supplemental liability, excess auto liability and life insurance at no cost to registered volunteers who are 55+. This covers the volunteer during assigned volunteer activity with RSVP.

Driver's License #: _____ Exp. Date: _____
 Auto Insurance*: Yes No

*I understand that if I use my personal car in RSVP service, I must keep in effect automobile liability insurance equal to the minimum limits required by the State.

Emergency Contact

Name: _____ Phone: _____
 Relationship: _____

Waiver

I understand that I am a volunteer and not an employee of the United Way of Northwest Vermont Volunteer Connection or RSVP.

I agree that the United Way Volunteer Connection may share any information offered by me during an informational interview with a United Way Volunteer Connection interviewer for the purpose of referring and placing me with a participating non-profit organization.

My signature below gives complete and unqualified permission to United Way of Northwest Vermont and its programs; to use, reproduce and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice—without compensation. I understand that this material may be used, with or without my name, in print or electronic media including publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), websites or for other online content.

I certify that the information I have provided is truthful and that I agree with the statements above.

Applicant's Signature _____

Date: _____

RSVP Interviewer's Signature: _____

Date: _____

If you have any questions, please contact:

Danielle Schwer
danielle@unitedwaynwvt.org
(802) 861-7821



AmeriCorps
Seniors



United Way of
Northwest Vermont