

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Female  Male  Prefer not to answer

Are you a Military Veteran?  Yes  No

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## 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.

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**References [Complete this section only if you are applying to volunteer with children in school-based program]**

List two (2) 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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

RSVP Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have any questions, please contact:**

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

