



VOLUNTEER ENROLLMENT FORM
HUNTSVILLE MADISON COUNTY
SENIOR CENTER
 2200 Drake Ave.
 Huntsville, AL 35805
 (256) 880-7080 / Fax (256) 880-7055

(Please Print)

VOLUNTEER INFORMATION

Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth Date / /
Mailing Address						
City:	State	ZIP Code	Home Phone No. ()	Cell Phone No. ()		
Check this box if you do NOT wish to receive the free volunteer subscription to our SeniorLife Magazine: <input type="checkbox"/>			Email Address			
Previous Work and/or Educational Experience:						
Type of Volunteer Assignment Desired:						
Describe any special skills or hobbies you have which may be incorporated in to your volunteer experience:						
Do you speak/read/write any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language and how well?						
Have you ever been convicted of an offense against the law other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						

RSVP STATISTICAL INFORMATION
(THE FOLLOWING IS REQUESTED TO SATISFY FEDERAL REPORTING GUIDELINES.)

Which ethnic group do you identify with (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Pacific <input type="checkbox"/> Native American/Alaskan Native Islander <input type="checkbox"/> Other _____	Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please let us know how we can accommodate or support your performance as a volunteer. By initialing below I give my permission for you to disclose this information with potential volunteer stations. (_____) Initials
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INSURANCE INFORMATION (RSVP provides excess liability, accident and personal liability insurance during transit to and from volunteer site and while volunteering at no cost to RSVP member. (See brochure for details))

Do you have a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By signing this application I agree to keep in force Liability Insurance on my vehicle as long I use it for RSVP purposes. Drivers License # _____ State _____	
Do You Have A Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do You Have Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Beneficiaries:	Name:	Address:	Relationship:
	Name:	Address:	Relationship:

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship	Home Phone No. ()	Work Phone No. ()
Name of Local Friend or Relative (not living at same address)	Relationship	Home Phone No. ()	Work Phone No. ()

(Over)

VOLUNTEER INTERESTS

Please choose as many volunteer interests listed below as you like:

<p>Children (18 & Younger)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mentoring <input type="checkbox"/> Reading/Tutoring <input type="checkbox"/> Literacy <input type="checkbox"/> Childcare <input type="checkbox"/> Empowerment <input type="checkbox"/> Education <input type="checkbox"/> Activities <p>Health & Nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health Education <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabilities Programs <input type="checkbox"/> Non-Medical in-Home Care <input type="checkbox"/> Hospice <input type="checkbox"/> Support Services (ex. Information Desk) <input type="checkbox"/> Medical Transportation <input type="checkbox"/> Food Distribution/Collection <p>Human Need Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Victim Advocates <input type="checkbox"/> Crisis Support <input type="checkbox"/> Housing <input type="checkbox"/> Rehabilitation/Construction <input type="checkbox"/> Human Rights <input type="checkbox"/> Adult Literacy <input type="checkbox"/> Home Task Assistance <input type="checkbox"/> Senior Citizens Advocate 	<p>Community & Economic Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation Services <input type="checkbox"/> Community Events <input type="checkbox"/> Community Garden <input type="checkbox"/> Thrift Stores <input type="checkbox"/> Beautification <p>Environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wildlife/Land Protection <input type="checkbox"/> Environmental Awareness <input type="checkbox"/> Recycling <p>Arts & Culture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Docent <input type="checkbox"/> Host <input type="checkbox"/> Special Events <input type="checkbox"/> Historical <input type="checkbox"/> Research/Recording <p>Seniors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meal Sites/Meal Deliveries <input type="checkbox"/> Senior Neighbors <input type="checkbox"/> Medical Transportation <input type="checkbox"/> Entertainment/Recreation <input type="checkbox"/> Arts & Education <input type="checkbox"/> Grocery Delivery <input type="checkbox"/> Adult Day Care/Nursing Homes 	<p>Public Safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Emergency/Safety Support <input type="checkbox"/> Child Fingerprinting <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animals <input type="checkbox"/> Gardening <input type="checkbox"/> Clerical <input type="checkbox"/> Special Events/On-Call List
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I agree to volunteer my services through the Retired and Senior Volunteer Program and I understand that I am not an employee of the Huntsville – Madison County Senior Center. I also understand that if I use my personal automobile in my volunteer service, I will arrange to keep in force an automobile insurance equal to the minimum limits as required by Alabama State Law. Volunteers are responsible for maintaining confidentiality of all proprietary and privileged information to which they are exposed as volunteers. I further agree to indemnify, hold harmless and defend the Huntsville Madison County Senior Center, its officers, agents, volunteers, and employees from any and all claims resulting from injury, damage or loss sustained by me, and arising from, connected with, or in any way associated with the activities of any Volunteer Projects I choose to participate in. I understand the information I provided may be verified and a background check may be conducted.

X		
	SIGNATURE	DATE

For Internal Office Use Only!

Station(s) Assigned _____

Date Assigned _____

SUBMIT

RESET

RSVP Staff Signature