



Northwest Retired and Senior Volunteer Program



Volunteer Registration

Name: _____ M ___ F ___ Birth Date ___/___/___

Address: _____
Street (Please include P.O. Box also) City State Zip

County of Residence: _____ Phone #: _____ E-mail Address _____

Education Level Completed: Elementary High School Graduate/GED College Graduate
 Masters Associate Degree Vocational

Can you speak another language, if yes what language(s)?: _____

Race/Ethnic Identity: White, not of Hispanic/Latino Origin Hispanic/Latino Asian
 Black or African American American Indian/Alaska Native Hawaiian/Pacific Islander

Previous Employment: _____

How did you hear about RSVP? _____

Are you willing to be put on an **on-call list** for special one time projects? Yes No

Skills and Interests you enjoy (Please Check **ALL** that Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Library | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Respite Adult/Youth | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Crocheting |
| <input type="checkbox"/> Math | <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Folk Fairs (School Based) | <input type="checkbox"/> Special Events | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Forestry Service | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Panel w/ other Seniors (classroom) | <input type="checkbox"/> Historical Society | <input type="checkbox"/> Mechanical Skills |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Thrift Stores | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Blood Mobile | <input type="checkbox"/> Appliance Repair |
| <input type="checkbox"/> K-5 | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> 6-8 | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Musical/Singing |
| <input type="checkbox"/> 9-12 | <input type="checkbox"/> Adult Day Care Program | <input type="checkbox"/> Instrumental |
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Clerical/Receptionist | <input type="checkbox"/> Doll Making |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Driver/Escort | <input type="checkbox"/> Soap Making |
| <input type="checkbox"/> Info Desk | <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Coffee/Gifts | <input type="checkbox"/> Ads for Vintage Times | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Animal Shelter |
| <input type="checkbox"/> Nutrition Sites | <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Card Playing | <input type="checkbox"/> Bingo/Games | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Other _____ | | |

Other interests/specific site you would like to volunteer at: _____

Do you have any disabilities? Yes No If yes, explain _____

