

AUDUBON AREA RSVP ENROLLMENT FORM

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ SS# _____ DATE OF BIRTH _____
(Must be age 55 or older)

EMAIL ADDRESS _____

RACE: CIRCLE ONE: ASIAN – BLACK – HISPANIC – WHITE – OTHER ARE YOU A MILITARY VETERAN? Yes / No

Male /Female Special training, skill, or interest, languages: _____

Health Condition (Circle One) Excellent Good Fair (Please list any physical or personal circumstances that you feel we should know about when reviewing your application.) _____

Health Insurance (Circle One) Medicaid Medicare Medicare with Private Insurance
Private Insurance State Medical Card VA Benefits None

How did you find out about RSVP? Word-of-Mouth _____ Newspaper _____ Pamphlet _____ TV _____
Foster Grandparent Program _____ Senior Companion Program _____ RSVP Volunteer _____ RSVP Staff _____
Agency (Specify) _____ Other _____

Will you drive **yourself** when performing RSVP volunteer services? YES _____ NO _____

- If yes, I will maintain a valid driver's license and the minimum Auto Liability Insurance required by the State of Kentucky.

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP _____ TELEPHONE _____

I understand that as a volunteer in the RSVP program, Accident and Personal Liability Insurance covers me during the time of my volunteer service. Part of this coverage includes an Accidental Life Insurance Policy and I would hereby like to name the following person as my beneficiary.

NAME _____ TELEPHONE _____

ADDRESS _____

Volunteer Location (if known) _____ Volunteer Duties _____

By signing this application I verify, to the best of my knowledge, all of the information provided is accurate and true. I will read and will abide by the rules and regulations as listed in the RSVP Volunteer Handbook located at the volunteer station and I agree to serve without compensation/wages.

SIGNATURE _____ DATE _____

RSVP STAFF _____ DATE _____

FOR OFFICE USE ONLY

Station #1 _____	Position Title _____	BHN Code _____
Station #2 _____	Position Title _____	BHN Code _____
Station #3 _____	Position Title _____	BHN Code _____

Terminated _____ () by RSVP () by Station

RETURN VOLUNTEER ENROLLMENT FORM TO:
RSVP
1650 WEST SECOND STREET, DRAWER 107
OWENSBORO, KENTUCKY 42301

Eligibility to be a member of RSVP may not be restricted on the basis of formal education; experience; race; religion; color; national origin, including limited English proficiency; sex; age; handicap; or political affiliation.

(OVER)

For in-house reporting requirements, we ask that you please complete the following. Your sensitive information will not be shared and will be kept confidential. Thank You!

Marital Status Single Married
 Widowed Divorced

Ethnicity Non-Hispanic/Latino
 Hispanic/Latino

Citizenship US Citizen
 Employment Visa
 Educational Visa
 Lawful Permanent Visa

Monthly Income \$0 – \$1,500
 \$1,600 - \$3,500
 \$3,600 +

Education High School Graduate/GED
 9-12 Non-Graduate
 12+Some College
 Grades 0-8
 Post Graduate

Family Type Single
 Two Adults No Children
 Single Parent Female
 Single Parent Male
 Two Parent Household
 Other _____

Employment Status Retired
 Unable to Work
 Not Employed/Seasonal
 Retired/Unable to Work
 Full-Time
 Part-time

Source of Income SSI
 Pension
 Social Security
 Employment
 General Assistance
 Unemployment
 Other _____

Housing Own
 Rent
 Homeless
 Other

Occasionally RSVP will gift t-shirts to members.

Please circle your size: S M L XL 2XL 3XL 4XL 5XL