



Volunteer Center Orange County
 1901 E. 4th Street, Suite 100
 Santa Ana, CA 92705
 (714) 953-5757 x150
 E-mail: RSVP@volunteercenter.org
 Website: www.volunteercenter.org

RSVP VOLUNTEER REGISTRATION FORM

To be eligible to register in the RSVP (Retired & Senior Volunteer Program) association, you must be 55 years of age or above and willing to volunteer on a regular basis at an approved Orange County RSVP volunteer site.

Contact our office for assistance with placement at approved sites, or to see if the site where you already volunteer is approved.

Thank you for your service to the Orange County community!

FIRST NAME (what you like to be called)		LAST NAME		HOME PHONE	
STREET ADDRESS			CITY		ZIP
E-MAIL ADDRESS			CELL PHONE		WORK PHONE
IN EMERGENCY NOTIFY		RELATIONSHIP		EMERGENCY CONTACT PHONE	
FULL DATE OF BIRTH (REQUIRED)	M	F			

SKILLS (list those you're interested in utilizing in a volunteer job)

PRIORITY INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Education |
| <input type="checkbox"/> Teach English as a 2 nd Language | <input type="checkbox"/> Health & Human Services |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> No Preference – anywhere help is needed |
| <input type="checkbox"/> Other _____ | |

LOCATION PREFERRED

- North** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Stanton, Yorba Linda)
- South** (Dana Point, Laguna Bch, Laguna Hills, Lake Forest, Mission Viejo, San Clemente, San Juan Capistrano)
- West** (Fountain Valley, Garden Grove, Huntington Beach, Los Alamitos, Westminster)
- Central** (Irvine, Orange, Santa Ana, Tustin, Villa Park)
- Central Coast** (Corona Del Mar, Costa Mesa, Newport Beach)
- Flexible** – I’ll go anywhere in OC to get the volunteer job that’s right for me

PHYSICAL/MEDICAL LIMITATIONS? _____

HOW DID YOU HEAR ABOUT RSVP?

- Friend/Family
- Workplace
- Brochure/Flyer
- Volunteer Center Orange County Website
- Newspaper/Publication (specify): _____
- Presentation (specify where): _____
- Radio/TV (specify station): _____
- Other (specify): _____

BENEFICIARY FOR RSVP SUPPLEMENTAL ACCIDENT INSURANCE

(Simply write “Estate” if you do not wish to be more specific)

NAME	RELATIONSHIP
ADDRESS	PHONE

COMPLETE IF REQUESTING REIMBURSEMENT FOR MILEAGE

DRIVER’S LICENSE NUMBER	LICENSE EXPIRATION DATE	AUTO INSURANCE COMPANY	POLICY EXPIRATION DATE

Are you currently volunteering anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	

SPECIAL ON-CALL LIST:

Local nonprofits are often looking for assistance with special one-time or short-term projects. Would you like to be on our **E-mail only** on-call list to receive notification of these occasional special events/projects? Yes No

The following questions are for statistical purposes only. This information is requested by some of our federal funders. **You have the option to answer or not.** Please be assured that the following information is confidential and will only be reported as anonymous data to secure future funding for senior volunteerism.

ETHNICITY

- Hispanic/Latino(a) Not Hispanic/Latino(a)

RACIAL GROUP

- American Indian/Alaskan Native Hispanic/Latino(a)
 Asian/Pacific Islander White
 Black/African-American Other Multi-Racial

ANNUAL INCOME (circle the appropriate amount)

# family living in home	Moderate & Above Income Range	Low/Moderate Income Range	Low Income Range	Extremely Low Income Range
1	43,001 +	26,901-43,000	16,151-26,900	16,150 or less
2	49,151+	30,701-49,150	18,451-30,700	18,450 or less
3	55,301+	34,551-55,300	20,751-34,550	20,750 or less
4	61,451+	38,401-61,450	23,051-38,400	23,050 or less
5	66,351+	41,451-66,350	24,901-41,450	24,900 or less
6	71,251+	44,551-71,250	26,751-44,550	26,750 or less
7	76,201+	47,601-76,200	28,551-47,600	28,550 or less
8	81,101+	50,701-81,100	30,401-50,700	30,400 or less

HEAD OF HOUSEHOLD? Yes No

MUTUAL UNDERSTANDING

1. I understand that should I use my personal automobile to travel to and from my volunteer service that I will carry Automobile Liability Insurance equal to the minimum limits required by the State of California.
2. I understand that the supplemental volunteer insurance as provided by RSVP is at no cost to me.
3. I understand that I am responsible for recording my monthly hours (and mileage/public transportation costs if requesting reimbursement) on a group time sheet at each RSVP location where I volunteer.
4. I understand that as an RSVP volunteer I can request reimbursement for mileage/public transportation costs to and from my volunteer job, and that reimbursement checks are written *once* each quarter and mailed at the end of the month following the close of each quarter. Currently, RSVP-Orange County offers reimbursement for mileage at \$0.25/mile or other transportation costs (bus, van, etc.) up to a \$25 maximum amount per month.
5. I understand that I am responsible for updating the RSVP office of any changes in the information on this registration form.
6. I understand that occasionally photographs are taken of the RSVP volunteers performing their duties (to be used in RSVP/Volunteer Center Orange County publications). I DO / DO NOT authorize the use of my picture for this purpose. (Circle which one applies.)

(VOLUNTEER SIGNATURE)

(DATE)

**You will receive a “Welcome Packet” within 1 week of our receipt of this form.
Please contact us any time with questions or suggestions: (714) 953-5757.**

THANK YOU!

***** FOR OFFICE USE ONLY *****

Posted by ____ on _____

Added to SOC by ____ on _____

Welcome Packet sent by ____ on _____

Received position description by ____ on _____

Volunteer assignment is _____ by ____ on _____

Volunteer assignment is _____ by ____ on _____

Volunteer assignment is _____ by ____ on _____

Volunteer assignment is _____ by ____ on _____

Volunteer assignment is _____ by ____ on _____