



Volunteer Enrollment/Update Form

Name _____

Address _____
MAILING ADDRESS CITY ST ZIP CODE

Birth Date _____ (required for RSVP)
MONTH/DAY/YEAR

Home Phone _____ Cell Phone _____ Home Email _____

Transportation: Drive? Yes No If answer is no, do you take public transportation? Yes No

Please answer 4 Yes or No Questions:

- 1. Have you ever been convicted of a felony? Yes No
- 2. Are you willing to have a criminal history check run? Yes No
- 3. May we use your name and/or picture in news stories, newsletters or other promotional activities? Yes No
- 4. Have you served in the military? Yes No

Which RSVP Focus Area & Volunteer Position are you interested? (Check only ONE)

ECONOMIC OPPORTUNITY (Circle One)

- 1. Operation Weatherization
- 2. Financial Literacy Coach
- 3. Habitat for Humanity

EARLY CHILDHOOD EDUCATION

- 1. Born Learning Connection Volunteer

HEALTHY FUTURES (Circle One)

- 1. Companions for Caretakers
- 2. CKF (Covering Kids & Families) Ambassador
- 3. Food & Nutrition Assistance
- 4. Read-n-Feed Instructor/Gardener

VETERANS

- 1. Veterans' Services Liaison

ENVIRONMENTAL STEWARDSHIP

- 1. White River Watchers Volunteer

DISASTER SERVICES (Circle One)

- 1. Shelter Volunteer
- 2. Volunteer Reception Center (VRC)
- 3. COAD Volunteer

Which VAC Focus Area are you interested? (Circle all that apply)

OTHER COMMUNITY NEEDS

- 1. Basic Needs
- 2. Beautification
- 3. Hospital
- 4. Arts/Theatre
- 5. Historical/Cultural
- 6. Other _____

Volunteer Connections Newsletter: E-mail Mail – I don't have e-mail

I want to receive the United Way of Madison County's monthly e-newsletter by e-mail. This newsletter provides brief information regarding United Way programs, local agencies, and United Way volunteer opportunities.

REQUIRED EMERGENCY INFORMATION

In case of emergency while volunteering, please notify:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

RSVP volunteers are covered while volunteering by a supplemental accident and liability insurance paid for by RSVP. Please state your beneficiary's name and contact information. You may designate your "ESTATE" or an organization as beneficiary if you do not wish to name an individual.

Beneficiary's Name _____

Relationship _____ Home/Cell Phone _____

Address _____
STREET CITY STATE ZIP CODE**REQUIRED FOR STATISTICAL PURPOSES ONLY**

ETHNICITY: Hispanic or Latino Non-Hispanic or Non-Latino

RACE: American Indian or Alaskan Native Asian

Black or African American Native Hawaiian or Pacific Island

White

GENDER: Female Male

Please read the following carefully:**STATEMENT OF UNDERSTANDING**

I volunteer my service through the United Way of Madison County Volunteer Action Center and/or Madison County RSVP and understand that I am not an employee of United Way of Madison County, the federal government or these programs. I will, however, abide by the rules and regulations of United Way of Madison County, Senior Corps through the Corporation for National and Community Service and the programs in which I work as applicable. The facts contained in the application for volunteer work are true and complete. I understand that if I become a volunteer any false statements on this application will be cause for release from the program. I authorize United Way or RSVP staff to contact my current and /or former employers or volunteer agencies and any other person who may have information bearing on my suitability for volunteer work. I agree that all questions asked and information released in good faith shall be privileged, and I expressly release United Way of Madison County and RSVP and any of their authorized representatives from any and all liability arising from questions asked, information released or statements made in good faith.

 I attest that I am age 55 or older and eligible for the RSVP program.Volunteer _____
SIGNATURE REQUIRED DATE**FOR OFFICE USE ONLY**

Referred by _____

RSVP Director (attest to age) _____ Date _____

Station(s) & Date assigned _____

Please return this form to:
United Way of Madison County
 1201 E. 5th St., Ste. 1019
 P.O. Box 1200
 Anderson, IN 46015-1200
 Office: 765-608-3067 Fax: 765-608-3065
 Email: volunteer@unitedwaymadisonco.org