



RSVP of Dane County Registration

Name Telephone Date of Birth

Street Address City Zip Code

Email Address

Which ethnic group do you identify most closely with? (optional)

American Indian/Alaskan Native African American Caucasian
Asian/Pacific Islander Hispanic Other: _____

Are you bilingual? Yes No What language(s) do you speak? _____

How did you hear about RSVP?

RSVP volunteer RSVP newsletter/brochure/presentation RSVP website
Co-worker/friend/family Church/Neighborhood newsletters RSVP email
RSVP Facebook page/post Newspaper (list) _____
Radio/Television Other organization's newsletter (list) _____
Other (list) _____

Previous Work/Occupation _____

Interests/Skills/Talents/Hobbies _____

Volunteer Experience _____

Are you a veteran? Yes No Is your spouse a veteran? Yes No

Is it appropriate to identify you as having any physical limitations? Yes No

Describe any physical limitations that may affect your involvement: _____

Do you drive your own car? No Yes Driver's License Number _____
(for Driver Services volunteers only)

If not, how will you get to your volunteer work? _____

You are covered by RSVP Personal Accident and Liability Insurance. If you drive a car, you are covered by excess auto liability while volunteering. (It is still necessary for you to keep in effect auto liability required by the State of Wisconsin.) Please indicate below a beneficiary for the accident policy.

Beneficiary Name Relationship Phone

Street Address City State/Zip

Emergency Contact Phone (over)

PREFERRED VOLUNTEER ASSIGNMENTS

1. _____ 2. _____

Days/Hours Available _____

Would you like to be on-call for special projects (such as mailings, fund raising, host/hostesses, clerical, etc.?)
Yes No

If yes, what type of project? _____

REFERENCES

References are only contacted if you volunteer for designated assignments working with vulnerable populations. Additional references may be required by volunteer stations.

Please list two character references - people, other than relatives, who have known you at least two years.

1. _____	2. _____
Name	Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Phone	Relationship
_____	_____
Phone	Relationship

<p>PHOTO CONSENT: I hereby consent to the use of photos taken by RSVP of Dane County to be used in any of the media (newsletter, brochures, publications, videos, television, web site, social media, etc.) and in exhibits for the purpose of recruitment and marketing. Yes No</p>
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I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I agree to let the staff of RSVP contact the references listed above and to conduct a background check on matters of public record. I understand that this information will be confidential. The CIMA Volunteer Accident and Liability Insurance brochure has been given to me.

If applicable - *Prior to these checks, I agree to disclose any information to RSVP staff that may appear on my permanent record. I understand that failure to do so will disqualify me from volunteer service through RSVP.

1. _____	_____
Signature of Volunteer	Date
2. _____	_____
Signature of RSVP Staff	Date

Please return this form to: **RSVP of Dane County**
6501 Watts Road, Suite 250
Madison, WI 53719
Phone: (608) 238-7787
Fax: (608) 238-7931