



**CARROLL COUNTY RSVP
RETIRED & SENIOR VOLUNTEER PROGRAM**

P.O. Box 1182, North Conway, NH 03860
Tel: 603-356-9331
Fax: 603-356-9322

VOLUNTEER ENROLLMENT FORM

Name _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from Address)

Home Phone: _____ Cell Phone: _____ Sex: M _____ F _____

E-Mail Address: _____

Educational Background: _____

Persons to notify in case of emergency:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Do you have a car? Are you a Veteran?
Yes No Yes No

If you drive a car, please read and sign this insurance statement.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the State of New Hampshire.

Driver License Number: _____ Expiration Date: _____

Signature of Volunteer: _____

Nationality (Please Check One):

Hispanic/Latino	<input type="checkbox"/>	Hawaiian/Pacific Island	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
Alaskan National	<input type="checkbox"/>	White	<input type="checkbox"/>
Asian/ Pacific Island	<input type="checkbox"/>		
Black/African American	<input type="checkbox"/>		

How did you hear about RSVP? (Please Check One)

Friend Newspaper Radio Staff Other Please Specify: _____

SKILLS AND INTEREST SURVEY

(Please complete this form so we can more easily place you in a position you would enjoy)

Please Check All Appropriate Boxes

Annual Auction	<input type="checkbox"/>	Collecting, Serving, Preparing, or Distributing Food	<input type="checkbox"/>
Community Events	<input type="checkbox"/>	Engaging in General Labor, Like Helping Build Homes or Clean Up Parks	<input type="checkbox"/>
Computer	<input type="checkbox"/>	Filing & Maintaining Records	<input type="checkbox"/>
Creating Marketing Plans	<input type="checkbox"/>	Fundraising or selling items to raise money	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	Hospital and/or nursing home friendly visits	<input type="checkbox"/>
Library	<input type="checkbox"/>	Mass Mailing	<input type="checkbox"/>
Senior Center	<input type="checkbox"/>	Mentoring the youth	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	Red Cross/Blood Drives	<input type="checkbox"/>
Thrift Shop	<input type="checkbox"/>	Schools - tutoring or teaching	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Technology Skills Excel, PowerPoint, etc.	<input type="checkbox"/>
Website	<input type="checkbox"/>	Visitor Information Booth	<input type="checkbox"/>

Hobbies or skills I can share: _____

Language Skills? Yes No

If yes, what language(s): _____

I prefer to work:

Out of Home At Home On a Regular Basis On Call

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.

Volunteer Signature

Date

RSVP Staff

Date