

RSVP

Connecting People to Purpose

VOLUNTEER ENROLLMENT FORM

Name:		
Street Address:		
City/State/Zip:	Phone:	
Mailing Address (If different):		
Email:	Cell Phone:	
Birth Date:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Physical/Medical Limitations:		Require disabled access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Car Available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License #:	Expiration Date:
Have you been vaccinated against Covid-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Vaccine: ___/___/___	Date of Second Vaccine: ___/___/___
Emergency Contact Information		
Name:	Relationship:	
Home Phone:	Work/Cell:	

Volunteer Information

How many hours would you prefer to volunteer? ___ hours/week ___ hours/month	
Employment Experience:	
Volunteer Experience/Civic Affiliations:	
Volunteer Interests (Check all that apply): <input type="checkbox"/> Community Events <input type="checkbox"/> Collecting/Serving Food <input type="checkbox"/> Distributing Meals <input type="checkbox"/> Non-Emergency Medical Transport <input type="checkbox"/> Libraries <input type="checkbox"/> Thrift Store <input type="checkbox"/> Hospitals <input type="checkbox"/> Visitor Center <input type="checkbox"/> Schools <input type="checkbox"/> Senior Center <input type="checkbox"/> Other _____	
How did you hear about RSVP? (please check one) <input type="checkbox"/> Staff/Current volunteer <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio/Television <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other _____	
<i>I understand that I am not an employee of the Carroll County RSVP, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.</i>	
Signature of Volunteer: _____	Date: _____
RSVP Photograph/Video Release: <i>I hereby consent to the use of all photographs and/or videos of my likeness for the purpose of illustration, advertising or publication in any manner by the Carroll County RSVP and I waive all claims for any compensation for such use or for damages.</i>	
Signature of Volunteer: _____	Date: _____
Signature of RSVP Staff: _____	Date: _____

Physical Address: 53 Technology Lane –Mailing Address: PO Box 1182 - North Conway, NH 03860
Office: 603-356-9331 – Fax: 603-356-9322 – Website: carrollcountyrsvp.org

Rev. 02/2022

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