



P.O. Box 1077
 Grand Junction, CO 81502
 volunteer@rsvpgrandjunction.org
 rsvpgrandjunction.org

Volunteer Application

Date: _____ Name: _____ (Office use only) RSVP Verified Age Yes No
 Nickname: _____ DOB: _____ Age 55 or older? Yes No
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone: _____ Email: _____

How did you learn about RSVP?

Do you already volunteer? Yes No Organization: _____

You have the opportunity to volunteer for One-Time Events/Projects. These opportunities may be as short as two hours, and often come with benefits like free entrance to the event. Would you like us to email you when these events arise?

Please mark your interests below.

RSVP Signature Projects	Human Needs, Health & Nutrition	Older Adults
<input type="checkbox"/> SHIP Medicare Project <input type="checkbox"/> Handyman Project <input type="checkbox"/> Senior Scholar Project	<input type="checkbox"/> Adult Literacy/Library <input type="checkbox"/> Food Banks <input type="checkbox"/> Cook or Serve Food for Shelters <input type="checkbox"/> Housing Construction <input type="checkbox"/> Hospital/Hospice <input type="checkbox"/> Drive Cancer Patients to Medical Appts. <input type="checkbox"/> Answer Crisis Line <input type="checkbox"/> Crime Victim Advocate <input type="checkbox"/> Child Advocate at Court <input type="checkbox"/> People with Disabilities Programs <input type="checkbox"/> Language Translator	<input type="checkbox"/> Companionship/Activities in Assisted Living/Nursing Homes <input type="checkbox"/> Meal Delivery/Meal Sites <input type="checkbox"/> Drive to Store/Medical Appts.
Children/Teens	Community	Other
<input type="checkbox"/> Arts Center: Art Class Helper <input type="checkbox"/> Mentor/Partner with a Child <input type="checkbox"/> Teen Homeless Shelter <input type="checkbox"/> Science Education Center	<input type="checkbox"/> Community Safety: Gov't <input type="checkbox"/> Museum: Docent/Research <input type="checkbox"/> Tourism: Visitor Center <input type="checkbox"/> Natural Disaster Prep./Response <input type="checkbox"/> Non-Profit Org. Board Member/Fundraising <input type="checkbox"/> Non-Profit Org. Committee Member <input type="checkbox"/> Mentor New Businesses <input type="checkbox"/> Tax Preparation <input type="checkbox"/> Safety on Trails: Trail Host	<input type="checkbox"/> Administration/Reception <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Gardening <input type="checkbox"/> Thrift Store/Hospital Gift Shop <input type="checkbox"/> Volunteer With Your Therapy Dog <input type="checkbox"/> Sew/Knit/Crochet <input type="checkbox"/> On-Air Radio Host <input type="checkbox"/> Click here to enter text.
Veterans/Active Military		
<input type="checkbox"/> V.A. Hospital <input type="checkbox"/> Assist with Training Service Dogs		

Driver's License #: State: Exp. Date:

Auto Insurance Company:

Emergency Contact Information:

Full Name:

Phone: Relationship to You:

Each RSVP volunteer is eligible for no-cost insurance coverage while volunteering. List name of beneficiary of accidental death benefit:

Phone: Relationship to You:

What accommodations or assistance do you need to make volunteering easier? (e.g., no lifting, need elevator, close to bus line)

Optional: You are NOT required to provide the following information. However, the information enables RSVP to obtain funding to continue providing services.

Gender: Marital Status: Partner Name:

Ethnicity: Veteran? Branch:

If you served during wartime, what period? Gulf War (Post-9/2001) Gulf War (Pre-9/2001) Vietnam Korea

Education Level:

Agreement: I have correctly indicated my age, as required to be a member of Mesa County RSVP. I reside in the community served by Mesa County RSVP. I agree to abide by the policies and standards set forth by Mesa County RSVP and to fulfill my volunteer assignments to the best of my ability. The volunteering of time or services does not constitute employment, and as a volunteer, I am not entitled to compensation benefits in the event of an injury. I also understand and agree that the identity of and information about all clients we serve is confidential and cannot be shared or discussed with anyone. I understand that if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect a valid driver's license and automobile liability insurance equal to the minimum required by the state of Colorado. I accept that failure to do so will be due cause for termination of my appointment as a volunteer.

I grant Mesa County RSVP permission to release my personal information to the organization(s) for which I choose to volunteer, to enable communication between RSVP and the organization(s), including the reporting of my volunteer hours. If the organization(s) for which I volunteer does not report on my behalf, I agree to report volunteer hours directly to RSVP.

I hereby grant Mesa County RSVP permission to use my name/likeness/testimonials/quotes/volunteer stories in any and all of its publications and marketing materials and on the internet, whether now known or hereafter existing, controlled by Mesa County RSVP in perpetuity. I will make no monetary or other claim against Mesa County RSVP for the use of these.

Or: I do not give Mesa County RSVP permission to use my name/likeness/testimonials/quotes/stories in publications or marketing materials and on the internet, whether now known or hereafter existing.

Signature:

Date: