

AmeriCorps Seniors RSVP Program of Wayne County  
**VOLUNTEER REGISTRATION FORM**

**Detroit Office**

7800 W Outer Drive Suite 210  
Detroit, MI 48216  
Phone/Fax - 248-291-3211

**Western Wayne County Office**

26155 Richardson  
Dearborn Heights, MI 48127  
Phone/Fax - 248-809-1646

DATE:

Mr.  Ms.  Mrs.

NAME:

ADDRESS:

CITY:

ZIP:

TELEPHONE:

BIRTHDATE:

SEX:  Male  Female  Other

MARITAL STATUS:  Married  Divorced  Separated  Single  Widow/Widower

E-MAIL:

Please include a copy of ID i.e., driver's license

**A. VOLUNTEER STATEMENT**

I will volunteer my services through the Retired and Senior Volunteer Program of Wayne County, Michigan, and I understand that I am not an employee of RSVP or Catholic Charities of Southeast Michigan.

**B. DESIGNATION OF BENEFICIARY** (RSVP provides an insurance policy to you at no cost.)

NAME:

PHONE:

**C. TRANSPORTATION**  I will drive my own car  I will get a ride  
 I will use public transportation  I will walk

**D. MEDIA CONSENT**

May RSVP may have permission to use your likeness for promotional purposes?  Yes  No

**E. VOLUNTEER INSURANCE STATEMENT** (Complete only if driving your own car)

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect an automobile liability insurance equal to the minimum limits required by the State of Michigan and maintain a valid driver's license

Michigan Driver's License #:

Expiration Date:

Volunteer Signature

Date

RSVP Staff Signature

Date

**PLEASE COMPLETE OTHER SIDE**

For office use only: DOB verified by ID: (Staff initials) \_\_\_\_\_

ACTIVITY CHOICE: Check interests. Circle preference when 2 are given together.

- Tutoring / Mentoring       Meals on Wheels       Food Pantry/Thrift store  
 Homeless Services       Museums       Community Gardens  
 Hospital Volunteer: info desk, gift shop, etc.  
 Pen Pal Program       SWL/Telephone Reassurance  
 Senior Centers: TEFAP/Commodities, Gift Shop, Exercise Class, Health Screenings  
 Blood drives     Other: \_\_\_\_\_  
 Volunteer Site: \_\_\_\_\_  
Day Available \_\_\_\_\_ Times: \_\_\_\_\_

How did you hear about RSVP? \_\_\_\_\_

EMERGENCY CONTACT:

PHONE NUMBER:

The information requested below is for statistical purposes as requested by various funding sources. It will be available to authorized personnel only.

Do you have physical limitations affecting placement? If yes, please explain.  
\_\_\_\_\_

A. ETHNIC ORIGIN:  Black     White     Native American     Asian/Pacific Islander

B. ARE YOU MULTI-RACIAL?  Yes     No      C. ARE YOU HISPANIC?  Yes     No

D. ARE YOU A VETERAN?  Yes     No      E. THE SPOUSE OF A VETERAN?  Yes     No

F. IS ANYONE IN YOUR FAMILY SERVING IN THE MILITARY?  Yes     No

G. Do you identify as LGBTQ?  Yes     No

H. Do you identify as a member of the disability community?  Yes     No