



RSVP VOLUNTEER PROGRAM
 A program of Sedgwick County
 Department on Aging (SCDoA)
 2622 W Central, Ste 500
 Wichita, KS 67203
 (316) 660-5134



Department on Aging

Sedgwick County...
working for you

VOLUNTEER REGISTRATION

DATE: _____

 (LAST) (FIRST) (MI)

BIRTHDATE: _____ SEX: M _____ F _____ E-Mail _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

OPTIONAL INFORMATION

Ethnicity : _____ Hispanic or Latino _____ Non-Hispanic or Non-Latino

Racial Group: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Pacific Island _____ White

Provide Own Transportation: Yes: _____ No: _____ DRIVER'S LICENSE #: _____

Expiration Date: _____ Auto Liability Insurance: Yes: _____ No: _____

Auto Insurance Company: _____ SSAN: _____

Health Insurance: Yes: _____ No: _____ COMPANY: _____

Beneficiary for RSVP Insurance: Name: _____ Address: _____

Relationship: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Education:

Education: Elementary _____ High School _____ Some College _____ College Degree _____

Previous Volunteer Experience: _____

List any information which you feel might be helpful in identifying a volunteer placement:

SCDoA does not discriminate on the basis of race, color, ethnic or national origin, religion, sex, age or disability. If you feel you have been discriminated against, you have the right to file a complaint with SCDoA (316) 660-7298 or (800) 367-7298, or TDD: (800) 766-3777

REFERENCES ARE REQUIRED:

- 1. Name: _____ Relationship: _____ Phone: _____
 - 2. Name: _____ Relationship: _____ Phone: _____
 - 3. Name: _____ Relationship: _____ Phone: _____
-

Have you ever been convicted of a crime other than a minor traffic citation (fine of \$50 or less)? Y or N

If yes, provide the date and disposition. A conviction will not automatically bar you from becoming a volunteer. _____

I, _____, volunteer my services through the Sedgwick County Department on Aging RSVP Volunteer Program.

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 Kansas.

I have received a volunteer job description.

I hereby give my consent for the Sedgwick County Department on Aging RSVP to contact my references listed above, and if necessary to the volunteer position conduct a KBI background check.

I understand that the information provided on this form may be disclosed for the purposes of volunteerism only.

The above information that I have provided is accurate and correct.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

If you are a current RSVP Volunteer please let us know the following:

Location of Volunteer Experience: In-home: Yes: ____ No: ____ and/or Agency Name: _____

Project and/or Job Duty: _____

OFFICE ONLY

RECRUITED/REFERRED BY: _____ INTERVIEWD BY: _____

APPROVED: _____ DATE: _____

(RSVP Coordinator Signature)

PLEASE CHECK AS MANY TOPICS THAT ARE OF INTEREST TO YOU:

CLERICAL

- Accounting
- Bookkeeping
- Calligraphy
- Collating
- Computer Experience
- Copy machine
- Editor/editing newsletter
- Filing
- Folding letters
- Labeling
- Proof reading
- Receptionist
- Telephoning (meetings)
- Telephoning (surveys)
- Typing
- Zip Coding

EDUCATION

- Artist
- Braille
- Make flash cards
- Make scrapbooks
- Oral history
- Public Speaking
- Reading aloud
- Share hobbies
- Sign Language
- Tour Guide
- Tutor adults
- Tutor Children
 - English
 - Math
 - Reading
 - Spelling

CRAFTS

- Ceramics
- Crocheting
- Embroidering
- Knitting
- Mending
- Quilting
- Sewing
 - Hand
 - Machine
- Tatting
- Weaving
- Woodworking/carving

AREAS OF INTEREST

- Carpentry
- Dancing
- Home Repairs
- Housekeeping
- Lawn/garden care
- Mechanics
- Music/entertainment
- Musical Instrument (_____)
- Photography
- Providing transportation
- Respite care
- Senior Center Activities
- Singing
- Special event planning
- Sports
 - Indoor (_____)
 - Outdoor (_____)
- Tax assistance
- Youth activities
- Zoo Helper

OTHER INTERESTS

EXAMPLES OF PLACES TO VOLUNTEER

- Adult Day Care center
- Child Care center
- Hospital
- Library
- Museum

- Nursing Home
- Non-profit organization (_____)
- Physically/Mentally Disabled organization
- Private Home
- Public/private school