



RSVP PROJECT ENROLLMENT FORM



Tammy Jopp-RSVP Director

HORIZON HEALTH
PO BOX 220, 26814 143rd STREET
PIERZ, MN 56364
800-224-6451 Ext. #311

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Birthday: _____

Do you go south during the winter months? **Yes** **No** If yes, how long? _____

Winter Mailing Address: _____

City/State: _____ Zip Code: _____

Times Available: Hours _____ Days _____

Referred to program by: _____

List all the places you volunteer now: _____

How do you plan to travel to your volunteer assignment? _____ Drive _____ Walk _____ Carpool
_____ Ride w/ friend/spouse _____ Other _____ Public Transportation

IF YOU DRIVE: Driver's License #: _____

Name of Insurance Company: _____

In Case of Emergency, Notify: _____ Phone: _____

Address: _____ Relationship: _____

Beneficiary for RSVP Accident Insurance

Beneficiary Name: _____ Relationship: _____

Address: _____ Phone: _____

VOLUNTEER INFORMATION:

Education/Training/Work Experience: _____

Prior Volunteer Services: _____

VOLUNTEER INTERESTS/OPPORTUNITIES:

I would be interested in the following volunteer opportunities:

- | | |
|--|--|
| <input type="checkbox"/> Literacy: America Reads/Readers Theater | <input type="checkbox"/> Museums/Tourist/Information Booths |
| <input type="checkbox"/> Kinship -Youth Activities | <input type="checkbox"/> Government Agencies |
| <input type="checkbox"/> Faith In Action Care Teams | <input type="checkbox"/> Advisory/Governing Boards |
| <input type="checkbox"/> Community Service Organizations | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Assist Others in Transportation needs | <input type="checkbox"/> Tax Counseling |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Crisis Shelter/Help Line |
| <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Foster Grandparents/Senior Companion |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Special Projects: Mail assembly, etc. |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Home Knitting/Sewing/Quilting |
| <input type="checkbox"/> Safety Programs | <input type="checkbox"/> Court Advocacy |
| <input type="checkbox"/> Nursing Homes/Convalescent Unit | <input type="checkbox"/> Emergency Preparedness Project |
| <input type="checkbox"/> Environmental Programs | <input type="checkbox"/> Disabled/Handicapped Individuals |
| <input type="checkbox"/> Nutrition Sites/Meals on Wheel | <input type="checkbox"/> Food Shelves/Distribution |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Senior Centers/Community Centers |
| <input type="checkbox"/> Other: _____ | |

I'd like to be included on your Special Projects/On-call List for one-time/special events: ___ YES ___ NO

I give my permission to RSVP to use my name and/or pictures in news stories, newsletters, etc. in order to help promote the RSVP program: _____ YES _____ NO

I will be requesting mileage reimbursement: _____ YES _____ NO

I understand that I am volunteering my services through the Horizon Health RSVP Project and that I am not an employee of RSVP.

Signature of RSVP Volunteer

Date

Signature of RSVP Staff

Date

Volunteer Station: _____