



## RSVP of Northwestern Ohio Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment.

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_

**County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Are you a Veteran?**  **Yes**  **No**

**Physical/Medical Limitations** \_\_\_\_\_

Have you ever been convicted of a criminal offense or misdemeanor?  **Yes**  **No**

**If yes**, please explain: \_\_\_\_\_

As a volunteer of RSVP, you will be covered by supplemental accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Beneficiary for RSVP Supplemental Accident Insurance:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Return Completed Registration to:  
**(Original signatures required on the form)**

Area Office on Aging of NWO Inc.  
2155 Arlington Ave.  
Toledo, OH 43609  
Attn: RSVP Program

For Questions Contact:

Merideth Wagoner, RSVP Program Director  
419-382-0624 ext. 2219  
*(Form Continues on Reverse Side)*



## RSVP of Northwestern Ohio Enrollment Form

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Northwestern Ohio Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.
- I hereby consent to and authorize the use and reproduction of my photograph by RSVP and the Area Office on Aging of Northwestern Ohio, Inc. for the purpose of promotion without compensation to me.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state. I will also keep in effect a valid Driver's license.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RSVP Staff

\_\_\_\_\_  
Date

**For Office Use Only:**

**Station(s) Assigned** \_\_\_\_\_

**Service Position(s)** \_\_\_\_\_

**Date Assigned** \_\_\_\_\_

**Staff Initials** \_\_\_\_\_

**Computer Entry Date** \_\_\_\_\_

**Staff Initials** \_\_\_\_\_

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### Volunteer Skills and Interests: Check all that apply.

- Animals
- Auto Maintenance
- Child Care
- Clerical Work
  - General Computer Skills
  - Making Phone Calls
  - Filing, Copying, Mailing, etc.
- Companionship/Friendly Visiting
  - Visiting Hospice patients
  - Caregiver Respite Program
  - RSVP Patrol Program (Safety/Wellness checks)
- Community Outreach Events
- Construction/Home Repair
  - Plumbing
  - Electrical
  - General
- Crafts: Sewing, Knitting, Painting, etc.
- Disaster Preparedness
- Food Pantries
- Gardening/ Lawn Care
- Health and Wellness
  - Diabetes Education
  - Balance/ Fall Prevention
  - Fire and Fall Education
- Hospital Volunteer
- Literacy
  - Child Literacy
  - Adult Literacy
- Meal Delivery
- Medicare Benefits Counseling
- Nursing Home Ombudsman
- Parks and Nature
- Senior Transportation
- Working with Veterans

Other: \_\_\_\_\_

### Days and Hours Available: Check all that apply:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Mornings   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evenings   |
| <input type="checkbox"/> Thursday  |                                     |
| <input type="checkbox"/> Friday    |                                     |
| <input type="checkbox"/> Weekends  |                                     |

### Time Commitment for RSVP Volunteering:

- 2-3 Times a Week
- Once a Week
- 2-3 Times a Month
- Once a Month
- On Occasion