POLK COUNTY RSVP
VOLUNTEER ENROLLMENT FORM

Equal Opportunity Program

Please print and complete all sections.

Name_____ Birth Date _____

Street Address _____ City, Zip _____

Permanent
Mailing Address _____ City, Zip _____

Home _____Cell _____Other_____

Email Address _____ Shirt Size_____ Male ___ Female ___

Winter Visitor? __Yes __ No If yes, date leaving _____

Out of State Address _____ City, Zip _____

Ethnic group (Optional): __Caucasian __African-American __Hispanic __

Native American/Alaskan Native__ Asian/Pacific Islander __Other

Physical/Medical Limitations _____

**Accommodations provided upon request*_____

Driver Information (only required if volunteer uses car during volunteer assignment)

Driver's license # _____ State _____ Exp. Date _____

Insurance Company _____ Policy # _____

Emergency Contact Information:

Emergency Contact_____ Relationship_____

Phone (_____) _____

Beneficiary for RSVP Supplemental Accident Insurance_____

Address_____

Phone (_____) _____

Veterans:
Are you Veteran of the United States Armed Forces __Yes __No?

If yes, which branch_____

- over -

Volunteer/Employment Background

Employment Experience _____

Volunteer Experience _____

Preferred Types of Assignments

Disaster Services
__Disaster Preparedness
__Disaster Response

Economic Opportunity
__Food Pantry
__ Adult Literacy
__Home Repair
__Housing Construction

Education
__Mentoring (school based)
__ Polk Men/Women Read
__Reading Pals
__Tale Tellers
__Tutoring
__Afterschool tutors

Healthy Futures
__Bone Builders (exercise leader)
__Hospice Companionship/Respite
__Healthcare information provider
__Food Delivery/ Food pantry

Veterans & Military Families
__Veteran Services
__Victim's Assistance

Talents/Hobbies/Skills

__Acting
__Baking
__Carpentry
__Clergy
__Computers
__Cooking
__History
__Pets
__Photography
__Public Speaking
__Sewing
__Singing/Musical Instruments
__Sports
__Training/Learning Facilitation
__Volunteer Management
__Writing
__Other_____

Languages

__Spanish __French __Creole __German __Italian __Sign Language __Other_____

Placement

Organization(s) interested in volunteering for (if known)_____

Would you like to be included in our *Special Projects* list for one-time requests for help? ___Yes ___No

How did you learn about RSVP?

__Friend - Name_____
__RSVP Presentation
__Polk County website
__Volunteer Match
__Volunteer Polk
__Get Involved
__Senior Corps
__Newsletter
__Organization_____
__Other_____

_____	_____	_____	_____
Signature of Volunteer	Enrollment Date	Signature of RSVP Staff	Date

Remit to: Via Fax 863-534-5356 or Mail To:
Polk County Board of County Commissioners
RSVP
1290 Golfview Avenue
PO Box 9005 Drawer HS07
Bartow, FL 33831
863-534-5249