



210 NW Barstow Street, Suite 101 Waukesha WI 53188 (262)549-3348

**VOLUNTEER REGISTRATION**

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
*Last First* fax \_\_\_\_\_

e-mail \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt.# City Zip*

E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Gender  male  female Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Language(s) read/spoken \_\_\_\_\_ Music/singing talent \_\_\_\_\_

Emergency contact \_\_\_\_\_  
*Name Relationship Phone*

**Insurance information:**

RSVP covers volunteers 55 and older with supplemental life and accident insurance (to, during, and from assignment) and excess auto liability insurance (to and from assignment). Please designate your beneficiary:

Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Your driver's license number \_\_\_\_\_ State \_\_\_\_\_

Your auto insurance company/policy # \_\_\_\_\_ Phone \_\_\_\_\_

**Experience:**

Volunteer experience \_\_\_\_\_

Work experience \_\_\_\_\_

Education/training \_\_\_\_\_

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

**Interests:**

- |   |   |   |  |
|---|---|---|--|
| <b>HEALTH &amp; NUTRITION</b>                         | <input type="checkbox"/> Respite care                     | <input type="checkbox"/> Intergenerational choir                  | <input type="checkbox"/> Computer                    |
| <input type="checkbox"/> Health/hospital              | <input type="checkbox"/> Driving to appointments          | _____   | <input type="checkbox"/> Data entry                  |
| <input type="checkbox"/> Nutrition sites              | <input type="checkbox"/> Needlecrafts                     |   | <input type="checkbox"/> Fundraising/grant writing   |
| <input type="checkbox"/> Alcohol/drug abuse           | <input type="checkbox"/> Translating/Interpreting         | <b>ENVIRONMENT</b>  | <input type="checkbox"/> Marketing/presentations/PR  |
| <input type="checkbox"/> Hospice                      | <input type="checkbox"/> Volunteer Guardianship           | <input type="checkbox"/> Recycling                                | <input type="checkbox"/> Party planning/entertaining |
| <input type="checkbox"/> Meal delivery                | _____   | <input type="checkbox"/> Environmental awareness/<br>nature walks | <input type="checkbox"/> Arts & crafts               |
| <input type="checkbox"/> Immunization                 |   | <input type="checkbox"/> Land/wild plants & animals               | <input type="checkbox"/> Reception/phone/greeter     |
| _____   | <b>EDUCATION</b>  | <input type="checkbox"/> Gardening                                | <input type="checkbox"/> Bulk mailings               |
| <b>HUMAN NEED SERVICES</b>                            | <input type="checkbox"/> Preschool/child day care         |   | <input type="checkbox"/> Tax assistance              |
| <input type="checkbox"/> Adult day care               | <input type="checkbox"/> Seniors & Students               | <b>COMMUNITY &amp; DEVELOPMENT</b>                                | <input type="checkbox"/> Gift/thrift shops           |
| <input type="checkbox"/> Pet therapy                  | <input type="checkbox"/> Pen pals                         | <input type="checkbox"/> Consumer education                       |  |
| <input type="checkbox"/> Peer Support Program         | <input type="checkbox"/> Tutoring children                | <input type="checkbox"/> Special events indoors                   | <b>PUBLIC SAFETY</b>                                 |
| <input type="checkbox"/> Nursing homes                | <input type="checkbox"/> Library services/outreach        | <input type="checkbox"/> Special events outdoors                  | <input type="checkbox"/> Crime prevention/TRIAD      |
| <input type="checkbox"/> Disaster preparedness/relief | <input type="checkbox"/> Folk Art Fairs                   | <input type="checkbox"/> Administration/management                | <input type="checkbox"/> Victim/witness assistance   |
| <input type="checkbox"/> Carpentry/home repair        | <input type="checkbox"/> Historic museums/sites           | <input type="checkbox"/> Clerical office projects                 | <input type="checkbox"/> Child advocacy              |
| <input type="checkbox"/> Mentoring                    | <input type="checkbox"/> ESL (English as Second Language) |   | _____  |
|   | <input type="checkbox"/> Literacy/adult tutoring          |   |  |

**Participation considerations:**

don't drive  health restrictions: \_\_\_\_\_  
 prefer work at home  adaptive equipment or setting: \_\_\_\_\_





For office use only:  
 Date \_\_\_\_\_  
 Name \_\_\_\_\_

**DEMOGRAPHIC SURVEY**

Our funders require that this information be requested from volunteers.

1. Home: \_\_\_ Own \_\_\_ Rent

2. Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced

3. Place of Residence: *Circle only one for Waukesha County.*

City of	Village of			Town of	
Brookfield	Big Bend	Hartland	Nashotah	Brookfield	Mukwonago
Delafield	Butler	Lac La Belle	North Prairie	Delafield	Oconomowoc
Muskego	Chenequa	Lannon	Oconomowoc Lake	Eagle	Ottawa
New Berlin	Dousman	Menomonee Falls	Pewaukee	Genesee	Summit
Oconomowoc	Eagle	Merton	Sussex	Lisbon	Vernon
Pewaukee	Elm Grove	Mukwonago	Wales	Merton	Waukesha
Waukesha					

*If your community is not listed above, please specify:*

\_\_\_\_\_ City \_\_\_ Village \_\_\_ Town  
 County Community

4. Ethnic Category: \_\_\_ Non-Hispanic \_\_\_ Hispanic white \_\_\_ Hispanic black

5. Race: *Check only one.*

- |  |   |
|--|---|
| ___ White                                    | ___ American Indian/Alaskan Native and Black                            |
| ___ Black/African American                   | ___ Native Hawaiian/Pacific Islander                                    |
| ___ Asian                                    | ___ Native Hawaiian/Pacific Islander and White                          |
| ___ Asian and White                          | ___ Native Hawaiian/Pacific Islander and Black                          |
| ___ Asian and Black                          | ___ Asian and American Indian/Alaskan Native                            |
| ___ American Indian/Alaskan Native           | ___ Asian and Native Hawaiian/Pacific Islands                           |
| ___ American Indian/Alaskan Native and White | ___ American Indian/Alaskan Native and Native Hawaiian/Pacific Islander |

6. Head of Household: \_\_\_ Female \_\_\_ Male

7. Income Level: *Circle family size and annual income category in the same row.* (Effective 2/25/02)

Family Size	Household Income	Household Income	Household Income	Household Income
1	Up to \$14,100	\$14,101 to \$23,500	\$23,501 to \$37,650	\$37,651 or more
2	Up to \$16,150	\$16,151 to \$26,900	\$26,901 to \$43,000	\$43,001 or more
3	Up to \$18,150	\$18,151 to \$30,250	\$30,251 to \$48,400	\$48,401 or more
4	Up to \$20,150	\$20,151 to \$33,600	\$33,601 to \$53,570	\$53,571 or more

*If you wish to decline answering #7, circle here: NOT COMPLETING*

