



### UCAN RSVP

Douglas County  
280 Kenneth Ford Dr  
Roseburg, OR 97470  
541-492-3917  
Fax 541-672-1983

Josephine County  
133 NW D Street  
Grants Pass Or 97526  
541-956-4472  
Fax 541-956-4480

[www.ucancap.org](http://www.ucancap.org)



## VOLUNTEER APPLICATION/REGISTRATION FORM

**Full Legal Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender F M

List Other Names: (Including birth, former married, legal name changes)

**MAILING ADDRESS:** Street City State Zip Code

**TELEPHONE** Home Cell/Message e-mail

**Date of Birth** Age **Driver's License#** Issuing State

**Auto Insurance Company** Auto Policy #

**(RSVP will require copies of this information if requesting volunteer mileage reimbursement, you must be 55 + years of age to receive any RSVP benefit.)**

Have you ever had a traffic violation? [ ] Yes [ ] No  
Have you ever been convicted of a crime? [ ] Yes [ ] No

**If yes, please explain:** \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from volunteering)

Former or Current Occupations: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Limitations: \_\_\_\_\_

I am currently volunteering at \_\_\_\_\_  
I am supervised by \_\_\_\_\_

### **References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**UCAN/RSVP does not discriminate based on disability, race, religion, sex or national origin**

<b><u>Please Circle Your Preference</u></b>				
<b>I would like to volunteer</b>	One-on-One	Independently	At Home	
	With Small Groups	With my Spouse	Outdoors	
<b>I would enjoy helping</b>	Organizations	Seniors	Animals	Children
	People with disabilities	Young Adults		
<b>I prefer to work</b>	Mornings	Afternoons	Evenings	Weekends      Seasonal

**Please circle what best describes your skills**

- |                    |                      |                     |                     |
|--------------------|----------------------|---------------------|---------------------|
| Accounting         | Data Entry           | Literacy            | Receptionist        |
| Advocacy           | Docent/Guide         | Mailings            | Record-keeping      |
| Boards/Committees  | Drawing              | Marketing           | Recreation          |
| Bookkeeping        | Driving              | Meal Delivery       | Research            |
| Building/Carpentry | Drug/Alcohol         | Mechanics           | Senior Companion    |
| Carpentry          | Emergency Response   | Medicine            | Selling See's Candy |
| Choir/Singing      | Entertaining         | Mentoring           | Sewing              |
| City Government    | Food Service         | Music               | Social Work         |
| Civic Activities   | Fund Raising         | Nursing             | Story Telling       |
| Classroom Aide     | Gardening            | Nutrition           | Tax Preparation     |
| Clerical           | Grant Writing        | Painting            | Teaching            |
| Computers          | Handyman             | Performing          | Telephoning         |
| County Government  | Health Care          | Pet Care/Visits     | Theatre             |
| Counseling         | Hospital Auxiliary   | Photography         | Tutoring            |
| Crafts             | Host/Hostess         | Program Coordinator | Visiting            |
| Crime Prevention   | Insurance Assistance | Psychology          | Wood-Working        |
| Crisis Care        | Knitting/Crochet     | Public Relations    | Wildlife            |
| Dancing            | Law Enforcement      | Public Speaking     |                     |
|                    | Legal Assistance     | Reading             |                     |

**Consent:** By signing this registration form, I consent to authorize RSVP to conduct a review of any information provided, which may include a **criminal history, DMV check or other screening** that is pertinent to the volunteer activity in which I wish to be placed. Volunteer status through RSVP may be dissolved at any time, at the request of either party. RSVP staff will ensure that all volunteers receive an RSVP handbook upon volunteer placement. Volunteers must submit Monthly Time Sheet in order to be entitled to benefits of RSVP affiliation, and agree to comply with all policies required by the Corporation for National & Community Service and UCAN (United Community Action Network.)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Date In System _____	Initials _____	Volunteer # _____	CBC _____	DMV _____
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