



AmeriCorps Seniors - Retired and Senior Volunteer Program
 Wayne, Oakland and Macomb Counties
 3300 S. Adams Rd., Auburn Hills, MI 48326
 248-537-3300 ext.3941 / Fax: 248-537-3306 / rsvp@ccsem.org
 sponsored by Catholic Charities of Southeast Michigan (CCSEM)



VOLUNTEER REGISTRATION FORM

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	NAME:		
ADDRESS:		CITY:	ZIP:
TELEPHONE:	BIRTHDATE:		<input type="checkbox"/> Male <input type="checkbox"/> Female
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
E-MAIL:		Please include a copy of ID i.e., driver's license	

A. VOLUNTEER STATEMENT - I will volunteer my services through AmeriCorps Seniors, and I understand that I am not an employee of the program or Catholic Charities of Southeast Michigan.

B. DESIGNATION OF BENEFICIARY (for a supplemental insurance policy provided at no cost)

NAME:	PHONE:
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C. TRANSPORTATION I will drive my own car I will get a ride
 I will use public transportation I will walk

D. MEDIA CONSENT

May RSVP/CCSEM use your image and/or likeness for various promotional purposes? Yes No

E. VOLUNTEER INSURANCE STATEMENT (Complete only if driving your own car)

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect an automobile liability insurance equal to the minimum limits required by the State of Michigan and maintain a valid driver's license

Michigan Driver's License #:	Expiration Date:
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_____ _____ _____ _____
 Volunteer Signature Date RSVP Staff Signature Date

For office use only: Name and DOB verified by ID: (Staff initials/date) _____

PLEASE COMPLETE OTHER SIDE

ACTIVITY CHOICE: Check interests. Circle preference when 2 are given together.

- Tutoring In-person/virtual Meals on Wheels Food Pantry/Resale store
- Clerical / Receptionist Crochet/Knit/Sew Gardening
- Hospital volunteer Help Animals/Leader Dogs Clothing closets
- Driving seniors Blood drives Visiting/Calling Seniors Museums
- Soup kitchen/meal preparation Other _____

How did you hear about RSVP? _____

EMERGENCY CONTACT:

PHONE NUMBER:

The information is for statistical purposes requested by funding sources. It will be available to authorized personnel only.

Do you have physical limitations affecting volunteer placement? If yes, please explain.

DEMOGRAPHICS

- A.** White Black/African-American Native American Asian Pacific Islander
- B.** Are you multi-racial? **Yes** **No** Middle Eastern/North African
- C.** Are you Hispanic/Latino/Latina? **Yes** **No**
- D.** Are you a veteran? **Yes** **No** **E.** Do you live with a vet? **Yes** **No**
- F.** Do you speak a language besides English? If yes, what language(s) _____
- G.** Do you identify as a member of the disability community? **Yes** **No**