

## RSVP Of North Central Washington Volunteer Enrollment Form

Vol #:	_____
Date:	_____
Staff:	_____

Thank you for your interest in becoming a volunteer with RSVP of North Central Washington. Please complete this application and return it to us at the address below:

**RSVP of North Central Washington**  
**P.O. Box 3264**  
**Wenatchee, WA 98807**  
**Phone: 509-662-3461 or toll free at 855-853-7787**  
**e-mail: info@rsvpncw.org**

Name:		e-mail:	
Address:		Phone:	
City:	State:	Zip:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date:
County of residence: <input type="checkbox"/> Chelan <input type="checkbox"/> Douglas <input type="checkbox"/> Okanogan <input type="checkbox"/> Grant <input type="checkbox"/> Adams <input type="checkbox"/> Lincoln <input type="checkbox"/> Other _____			
Present Employer: (or previous if retired)		Title:	
Previous Employer:		Title:	

In case of emergency notify:	RSVP Life Insurance Beneficiary:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone/cell phone:	Phone/cell phone:

**Excess Auto Liability Insurance requires the following information:**

Auto insurance company: _____	Do you carry the state required minimum liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License #:	State: _____ Expiration Date: _____

**Do you give permission to RSVP for the use of your photo for publicity?**  YES  NO

**Which of the following volunteer opportunities are you interested in? (Check all that apply)**

<input type="checkbox"/> Improving food security and nutrition to needy people by volunteering in local food banks, delivering meals to seniors and people with disabilities, or working in a congregate meals program.	<input type="checkbox"/> Leading exercise classes for seniors to help prevent falls so they can maintain their independence and continue to live at home.
<input type="checkbox"/> Improving reading and math skills by tutoring students in local schools.	<input type="checkbox"/> Teaching English as a second language to adults or tutoring adults in basic literacy skills to economically disadvantaged individuals.
<input type="checkbox"/> Serving as a disaster volunteer to help people prepare for and recover from disasters.	<input type="checkbox"/> Providing light chore services and transportation so seniors can continue to live independently at home.

<input type="checkbox"/> Volunteering at the local museum to help preserve the cultural history of our community.	<input type="checkbox"/> Other:
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Signature:	Date:
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**RSVP of NCW is a program of the Chelan-Douglas Community Action Council**

# Affirmative Action Program and Personal Information

Some of our state and federal grants require that we report on the demographic characteristics of our volunteers. This sheet will be separated from your application and we report these as aggregate statistics, not by individual. Please help us comply with these requirements by answering the questions below. This information is voluntary and will not be used to determine the status of your volunteer application.

GENDER:  Male  Female      Birth Date: \_\_\_\_\_

Which race do you consider yourself? (Please check only one group unless you are of Spanish origin. If you are more than one race, please check "Other Race".)

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> White                           | <input type="checkbox"/> Eskimo       | <input type="checkbox"/> Aleut                     | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Indian (American)               |                                       | <input type="checkbox"/> Asian or Pacific Islander |   |
| <input type="checkbox"/> Chinese                         | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Hawaiian                  | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Japanese                        | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian                 | <input type="checkbox"/> Korean                 |
| <input type="checkbox"/> Samoan                          | <input type="checkbox"/> Cambodian    | <input type="checkbox"/> Laotian                   |   |
| <input type="checkbox"/> Other Race (please print) _____ |                                       |  |   |

Are you Spanish, Hispanic or Latino(a)?

- No (not Spanish/Hispanic/Latino(a))  
 Yes, Mexican, Mexican-American  
 Yes, Puerto Rican  
 Yes, Chicano  
 Yes, Cuban  
 Yes, Other Spanish/Hispanic/Latino(a) (Print one group, e.g., Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.) \_\_\_\_\_

## Disability Status

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

- No  Yes

Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?

- No  Yes

## Veteran Status

Have you ever been on active duty in the U.S. Armed Forces?

- No  Yes, Vietnam Era Veteran  Yes, other Veteran

Dates of service: \_\_\_\_\_

- Disabled Vietnam Veteran: Percent of disability % \_\_\_\_\_

**NOTE: Qualified individuals with disabilities and those from diverse backgrounds are welcome to apply. We provide reasonable accommodations for qualified individuals.**

Thank you very much for supplying us with this information.