



Volunteer Membership Application

Sponsored by Triton College

2000 Fifth Ave., River Grove, IL 60171 • (708) 456-0300, Ext.3835 or 3603



(Please print and answer all questions.)

Date: ____/____/____

Name _____ Address _____

City _____ ZIP _____ Township _____

Phone No. (____) _____ Alternative Phone No. (____) _____

Date of Birth ____/____/____ E-mail Address _____

Emergency Contact _____ Phone Number(____) _____

Volunteers serve *without* compensation, but upon request volunteers can receive transportation reimbursement from our grant funding. To receive mileage or transportation reimbursement you must answer the questions below and be the individual driving the automobile or taking public transportation to and from your volunteer assignment.

Do you intend to ask for reimbursement? ____ No ____ Yes

Mode of transportation to volunteer assignment (check one)

Car ____ Driver or ____ Passenger ____ Taxi ____ Public Transportation

Insurance Statement for Volunteer Driving a Car

I, _____, as the RSVP volunteer, understand that if I use my personal automobile in volunteer service, I will keep in effect automobile liability insurance equal to the minimum limits required by the state.

Driver's License Number
(NOT Plate Number) _____ Expiration Date ____/____/____

Your Insurance Carrier _____ Expiration Date ____/____/____

RSVP Accident Insurance—Designation of Beneficiary

Name _____ Relationship _____

Address _____ Phone Number (____) _____

Employment Experience _____

Skills/Interest/Languages _____

Volunteer Experience _____

I'm a veteran. Yes ____ No ____

What days are you available? _____

What hours are you available? _____

Volunteer Assignment Options

To guide us in placing you in the proper volunteer opportunity, please check one or more of the following areas you would be interested in pursuing.

- | | | |
|---|---|--|
| <input type="checkbox"/> Advisory Council (RSVP) | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Kitchen/Nutrition | <input type="checkbox"/> Reception/Hospitality |
| <input type="checkbox"/> Computer/Data Entry/Internet | <input type="checkbox"/> Library/Reading | <input type="checkbox"/> SPOT Volunteer (Special Placement One Time) |
| <input type="checkbox"/> Conversation Tutor-ESL | <input type="checkbox"/> Marketing | <input type="checkbox"/> Surgery-Waiting Room |
| <input type="checkbox"/> Driver/Delivery | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Tax Counseling for the Elderly |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mentally/Physically Challenged | <input type="checkbox"/> Thrift/Gift/Resale Shops |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Nursing | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Fund Raising/Grant Writing | <input type="checkbox"/> Office Aide/Clerical | <input type="checkbox"/> Visiting Patients |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Patient Advocate | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Hospice/Respite | <input type="checkbox"/> Public Safety | |

I prefer this geographic area:

- Near West Suburban Cook County
- Far West Cook County
- Southwest DuPage County

I prefer working with the following age groups:

- Pre-school
- Elementary
- Junior High
- High School
- Adults
- Seniors
- No Preference

If upon completion, you are unable to choose an assignment, geographic location or group preference, an RSVP staff member will assist you.

**Please call
(708) 456-0300, Ext. 3835.**

Enrollment Statement

I, _____, volunteer my services through Triton College RSVP to serve my community. I understand that I am not an employee of RSVP, Triton College, the federal government or the agency where I volunteer.

Signature of Volunteer _____ Date _____

Signature of RSVP Staff Kay L. Frey _____ Date _____

****If you are already volunteering, please list the agency, location and volunteer assignment.**

Agency/Location _____ Volunteer Assignment _____

FOR OFFICE USE ONLY

Agency Assigned _____ Date Assigned _____

Welcome Packet Sent _____ Entered in Computer _____ By _____