RSVP Volunteer Application

Name: _____ Preferred/Nickname: _____

Address: _____

City/ State: _____ Zip: _____

Phone: _____Email: _____

Date of Birth: _____

Physical/Medical Limitations:_____

Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience (Past): _____

Volunteer Experience (Current): _____

Preferred Volunteer Opportunity (if known):

_____

_____

How did you hear about our volunteer opportunities?

_____

Emergency Contact: _____ Relationship: _____

Phone: _____

Beneficiary for Supplemental Accident Insurance (if applicable, AmeriCorps Seniors):

Name: _____ Relationship: _____

Address: _____

Phone: _____

Availability:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday**:** _____

Mornings: _____ Afternoons: _____

The following information is optional and will not affect your enrollment with RSVP:

Sex: Male Female Decline to Answer

Race/Ethnicity: _____

Military/Veteran Status: Active Veteran None

Are any of your family members actively serving in the military? Yes No

Please share any information that can help us match you with the best volunteer opportunity.

_____

_____

_____

_____

Thank you for your interest in volunteering with the RSVP Program. We will be in touch soon!

Please return completed application to:

Land of Sky Regional Council

RSVP Coordinator

339 New Leicester Hwy., Suite 140

Asheville, NC 28806