



CENTRAL SOUTH DAKOTA RSVP

800 East Dakota Avenue

Pierre, SD 57501

Phone: (605) 224-3456

www.rsvpsd.org

VOLUNTEER APPLICATION

Name _____

Address _____

Telephone _____

Email Address _____

Date of Birth _____

Highest Academic Level Completed

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Major _____

Occupation (Past or Present) _____

Interests, Skills, Hobbies _____

Current volunteer work _____

What type of volunteer work would you like to do for RSVP?

- | | | | |
|--------------------------|-------------------------|----------------------|----------------------|
| Work with Children _____ | Clerical _____ | Nursing Home _____ | Library _____ |
| Classroom Aid _____ | Food Pantry _____ | Visit Elderly _____ | Laundry _____ |
| Crossing Guard _____ | Tour Guide _____ | Hospice Care _____ | Kitchen _____ |
| Reading Buddy _____ | Thrift Store _____ | Hospital _____ | Sewing _____ |
| Deliver Meals _____ | Gift Shop _____ | Driver _____ | Women's Prison _____ |
| One Time Projects _____ | Bulk Mailing Work _____ | Chore Projects _____ | |

Is there a particular work site you would prefer? _____

What days and hours would you be available? _____

How did you hear about RSVP? Newspaper _____ Radio _____ Friend _____
RSVP staff _____ Other _____

Why do you want to become an RSVP volunteer? Want to be active _____

Want to help others _____ Want to continue prior volunteer work _____

Other _____

-Over -

In Case of Emergency Notify

Name _____
Relationship _____
Address _____
Phone _____

RSVP Life Insurance Beneficiary

Name _____
Address _____
Phone _____

Will you be driving a car to volunteer work stations? _____

Driver's license # _____ Expiration date _____

Do you have auto liability insurance? _____

Please list any health information that work stations should be aware of:

**I hereby volunteer my services through the Central South Dakota RSVP,
and will keep my minimum automobile liability insurance (\$50,000) in effect
if I use my car for volunteer services.**

X _____
Volunteer's Signature _____ Date _____

**BE SURE TO FILL IN ALL THE BLANKS AND SIGN ABOVE.
THANK YOU!**

Notes:

Entered in Reporter _____ File Folder _____

Welcome Letter _____ Name tag _____

Index card _____ Timesheet _____

RSVP Director _____ Date _____