



St Mary's County RSVP Membership Enrollment Form

RSVP
St Mary's County Department of Aging & Human Services
PO Box 653 Leonardtown, MD 20650
Phone: 301-475-4200, Ext. 1653 or 1650
RSVP@stmaryscountymd.gov

Personal Information

Name: _____ Date: ____/____/____

First

Middle

Last

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Male ☐ Female ☐

E-mail address: _____

Date of Birth (Mandatory): ____/____/____ Driver's License _____

RSVP volunteers must be at least 55 years of age; I meet this requirement. Initials: _____

Ethnicity: ____ Hispanic or Latino ____ Non-Hispanic or Non-Latino

____ White ____ African American ____ American Indian or Alaskan ____ Asian ____ Native Hawaiian/Pacific Islander

How did you first hear about RSVP? _____

Are you a Veteran? Yes _____ No _____ Branch _____

Are you experiencing any physical limitations? Yes _____ No _____ (Optional ☐ Arthritis

☐ Asthma ☐ Back ☐ Diabetic ☐ Emphysema ☐ Epilepsy ☐ Hearing Impaired ☐ Heart Condition

☐ Hypertension ☐ Lung Disease ☐ Osteoporosis ☐ Stroke ☐ Visually Impaired ☐ Other _____

Supplemental Insurance Coverage

As an RSVP volunteer, you are covered by supplemental: 1) accidental insurance, 2) liability insurance, and 3) excess automobile insurance while volunteering in the program.

Write DECLINE if you do not wish to be covered by this supplemental insurance.

Please provide the following information (If you prefer you can enter an **ESTATE** as beneficiary):

Beneficiary _____ Relationship: _____

Phone: (____) _____ Address: _____

Auto Insurance Co. _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Address: _____

I volunteer my services through the RSVP program and agree to furnish information regarding volunteer activities and hours. My signature grants my permission to RSVP to perform a Sex Offender Check with State and National Registries and case search with the Maryland Judiciary Case Search.

Volunteer Signature/Date

RSVP Interviewer/Date

Volunteer Experience

Are you currently volunteering? Yes ☐ No ☐

If yes, please list where you are volunteering and describe the types of jobs:

- 1) _____ Job: _____
- 2) _____ Job: _____
- 3) _____ Job: _____

Please list three of your skills or interests: _____

What is/was your occupation? _____

Do you speak a second language? No ☐ Yes ☐ _____

Do you belong to an organization that would like a presentation on RSVP programs and services?

☐ Yes Please contact : _____

**RSVP has a wide variety of volunteer opportunities through St Mary's County organizations.
Please circle all activities that match your skills and interests.**

<input type="checkbox"/>	Arts (painting, music, etc.)	<input type="checkbox"/>	Home Delivered Meals	<input type="checkbox"/>	Museum Docent/Guide
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Teen Court
<input type="checkbox"/>	Crime Prevention	<input type="checkbox"/>	Music	<input type="checkbox"/>	Veterans Services
<input type="checkbox"/>	Equipment Repair	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	
<input type="checkbox"/>	Environment/Parks/Nature	<input type="checkbox"/>	Pantry/Food Services	<input type="checkbox"/>	
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Quilting, sewing, crafts	<input type="checkbox"/>	
<input type="checkbox"/>	Gift/Thrift Shop	<input type="checkbox"/>	Seniors Center Activities	<input type="checkbox"/>	
<input type="checkbox"/>	Health/Health Fair	<input type="checkbox"/>	Special Events/Projects	<input type="checkbox"/>	
<input type="checkbox"/>	Tutor/Mentor (Adult and/or Youth)	<input type="checkbox"/>	Transportation/Senior Rides	<input type="checkbox"/>	

For Office Use Only:

Initial Contact Date ___/___/___ Staff Contact: _____

Enrollment entered into Volunteer Reporter database ___/___/___

Volunteer Stations:

1) _____ 2) _____ 3) _____ 4) _____