



Angela D. Alsobrooks  
County Executive

# THE PRINCE GEORGE'S COUNTY GOVERNMENT

## DEPARTMENT OF FAMILY SERVICES



### *Retired & Senior Volunteer Program (RSVP)*

### ENROLLMENT FORM

To register with the RSVP, please complete, sign and return this form to the Department of Family Services RSVP Office at 6420 Allentown Road, Camp Springs, MD 20748.

Name: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security last 4 digits: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (or) Proof of age 55 or older:  Yes  No

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Veteran:  Yes  No Branch: \_\_\_\_\_ Married  Single  Divorced  Widowed

Check Ethnicity: Hispanic or Latino  Non-Hispanic or Non-Latino  White  Black

Asian \_\_\_ Pacific Islander/Native Hawaiian \_\_\_ American Indian or Alaskan \_\_\_  Female  Male

How did you first hear about RSVP? \_\_\_\_\_

Current or Previous Job(s): \_\_\_\_\_

Highest Grade/College Level Completed: \_\_\_\_\_ Other Skills/Training: \_\_\_\_\_

Do you drive?  Yes  No Public Transportation?  Yes  No Other Transportation?  Yes  No

Physical disabilities/limitations?  Yes  No (If yes, please explain) \_\_\_\_\_

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**Note: RSVP volunteers are covered by the following free supplemental insurances: Accidental, Liability and Automobile while in use for volunteer work.**

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Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I volunteer my services through the RSVP and agree to furnish information regarding volunteer assignment, activities, hours and mileage. My signature grants my permission to the RSVP to perform a Sex Offender Check with the National Registry.

Applicant Signature: \_\_\_\_\_ RSVP Project Director Signature: Pamela D. Sharps

**Next Page: Volunteer Opportunities, Previous Experience, Assignments and Preferred Days and Hours.**

The RSVP has a wide variety of volunteer opportunities serving the residents of all ages in Prince George's County. Please check all the following that best match your interests and experiences:

<input type="checkbox"/> Kids Achieve Mentor	<input type="checkbox"/> Health Insurance Support	<input type="checkbox"/> Computer Instructor	<input type="checkbox"/> Outreach Caller
<input type="checkbox"/> Senior Transportation	<input type="checkbox"/> Hospital Support Services	<input type="checkbox"/> Aging Family Services	<input type="checkbox"/> Helping Hands
<input type="checkbox"/> Meals on Wheels Services	<input type="checkbox"/> Pillowcase Project Team	<input type="checkbox"/> Nutrition Aide	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> Ombudsmen	<input type="checkbox"/> English Conversationalist	<input type="checkbox"/> Exercise Instructor	<input type="checkbox"/> RSVP Support
<input type="checkbox"/> Disaster Action Team	<input type="checkbox"/> Hospice Services	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Community Outreach

Availability:  Mon  Tue  Wed  Thu  Fri  Sat  Sun  AM  PM

**Volunteer Job Information:**

Are you currently volunteering?  Yes  No

If yes, please list where you are volunteering and the assignment/title:

1. \_\_\_\_\_ Assignment: \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_ Assignment: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*\*\* FOR RSVP OFFICE USE ONLY \*\*\***

Staff name: \_\_\_\_\_ Staff title: \_\_\_\_\_

Client contact date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered Volunteer Reporter: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Volunteer station Placements:**

**Volunteer Assignment:**

- |          |              |
|----------|--------------|
| 1. _____ | Title: _____ |
| 2. _____ | Title: _____ |
| 3. _____ | Title: _____ |

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_