



3600 Evans Avenue, Fort Myers, FL 33901 office (239) 275-1881 fax (239) 931-0667 www.volunteerlee.org

PLEASE COMPLETE ENTIRE APPLICATION & return to RSVP

Where do you wish to volunteer? _____ Starting Date ___/___/___

Name: _____ Date of Birth ___/___/___

Address: _____ Male or Female

_____ Daytime Phone # _____

E-mail: _____ Do you require special accommodations? _____

Race: ___ Asian or Pacific Isl. ___ African American ___ Hispanic ___ White

Emergency Contact: _____

Relationship: _____ Daytime Phone # _____

How did you hear about RSVP? ___ Friend ___ Media ___ Speaker ___ Special Event

Volunteer Organization _____ Other (please explain) _____

Are you a seasonal resident? ___ If so, which months are you in Florida? _____

Interest & Skills Checklist – please check all that apply

Animals	Clerical & Filing	Emergency Mgt.	Homeland Security	Nursing Home Vol.	Sports & Games
Arts & Crafts	Computer Coach	Entertaining	Home Repair	Parks & Recreation	Theatre & Music
Assist Disabled	Court Mediation	Food Banks	Hospital Volunteer	Pet Therapy	Travel & Tourism
Assist Seniors	Data Entry & Input	Friendly Visits	Information Desk	Provide Transportation	Tutor Adults
Board Games	Deliver Meals to the Homebound	Gardening/ yard work	Literacy Programs	Sewing & Quilting	Tutor Children
Carpentry	Disaster Response CERT	Gift Shops & Thrift Stores	Mailings (Bulk)	Special Projects Team	Wildlife & Nature Centers
Child Advocate	Docents (Museum)	Health Services	Mentor Children	Special Events	Work Outdoors

Can we contact you for short term or special project assignments? (Please circle one) Yes or No

THE SECTION BELOW IS FOR RSVP VOLUNTEERS ONLY(55 and older)

Do you use your automobile when volunteering? (Please circle one) Yes or No

If yes, I understand that if I use my vehicle in going to and from my volunteer assignment, I will arrange to keep in effect automobile insurance equal to the minimum limits required by the state of Florida.

Driver's License # _____ Expiration Date _____

You are eligible for Accident & Liability Insurance while performing your volunteer assignments. Designate Beneficiary

Beneficiary's Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Volunteer's Signature _____