

RETIRED SENIOR VOLUNTEER INVITATION

Put your life experience to work. Come, join us, and become an RSVP member.

When you join RSVP, you will have a chance to learn new skills and become involved in activities that will benefit your local community. Through RSVP, volunteers match their skills, wisdom and talents with the needs of the community.

WHO CAN JOIN RSVP?

- *Seniors 55 and older*
- *Seniors who have a genuine desire to make a difference in their community*
- *Seniors who have few (or many) hours to give*
- *No restriction based on education, experience, income, gender, race or physical challenges*

VOLUNTEER OPPORTUNITIES

- *Working with children*
- *Food Pantry*
- *Nursing home visits and activities*
- *Honoring local veterans*
- *Local community outreach*
- *Carpentry work*
- *And many more.....*

If you are willing to share the skills and experience you have gained through a lifetime of living, come, join us. Become a Lincoln Hills Development Corporation RSVP member today. Contact Kathleen Ferguson, RSVP Manager at 812-547-3435 ext. 230, toll free at 1-800-467-1435 ext. 230 or by email RSVP@LHDC.org



**AmeriCorps
Seniors**

LHDC provides services to clients regardless of race, sex, color, religion, age, ancestry, national origin, genetics, veteran status, sexual orientation or disability. The agency is an Equal Opportunity Employer.



Lincoln Hills Development Corporation Retired & Senior Volunteer Program

PO Box 336/302 Main Street, Tell City, IN 47586

Phone: (812) 547-3435 ext 230 or 1-800-467-1435

Fax: (812) 547-3466

Email: RSVP@LHDC.org

APPLICATION FORM

Name First: _____ M.I. _____ Last: _____

Birth Date: _____ SS Number(last 4 digits): _____ Phone: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____ How did you hear about RSVP? _____

Emergency Contact: _____ Phone: _____

Are you a veteran? _____ Is your spouse a veteran? _____

Ethnicity: Hispanic, Latino, or Spanish Origin Not Hispanic, Latino, or Spanish Origins

Race: American Indian/Alaska Native Asian Black/African American White Other
 Native Hawaiian/Pacific Islander Multi-race (2 or more)

Work Status: Retired Full-time Part-time

Housing Type: Own Rent Homeless Other _____

IF YOU DRIVE: I understand that if I use my personal automobile in my volunteer service, I will have in effect automobile liability insurance equal to the minimum limits required by the State of Indiana.

Volunteer's Signature

Date

RSVP Director's Signature

Please check all areas of interest:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Filing/Clerical | <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Assembling mailings | <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Leadership Role | <input type="checkbox"/> Serving on Board |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Games | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Children | <input type="checkbox"/> Gardening | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Delivering/Serving Meals | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Disaster Preparedness/Response | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Phone Visitation | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Drug/Alcohol Prevention or Rehab | <input type="checkbox"/> Hospice | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Hospital Gift Shop/Information Desk | <input type="checkbox"/> Providing rides | <input type="checkbox"/> Veterans |
| | <input type="checkbox"/> Hunger | <input type="checkbox"/> Reading to others | <input type="checkbox"/> Volunteering at home |

Other: _____

Household Member Name	Sex	Date of Birth	Ethnicity	Race	Education	Health Ins Y or N

PHOTO RELEASE

I, _____, hereby release the use of my photograph. I understand that the photograph may be used by RSVP for a variety of purposes. These include but are not limited to local newspaper articles/features, Lincoln Hills Development Corporation’s website and/or facebook page.

Signature: _____ Date: _____

WHY DO YOU WANT TO VOLUNTEER?

Please check off your motivation(s) for wanting to volunteer. Mark all that apply. All information will be kept confidential and used to help find you the perfect placement ☺ Thanks!

Help less fortunate
 Personal satisfaction
 Social interaction
 Giving back to the community
 Improve confidence/self esteem
 Develop skills
 Learn from experience
 Stay active and healthy
 Feel I have something to give
 Spiritual/ Religious Reasons
 Committed to a certain cause
 Feel a civic responsibility
 To learn about my community
 To stay busy, fill up extra free time with something meaningful

Other: _____

OTHER HELPFUL INFORMATION

I might be interested in:

_____ A regular position with the same day and hours each week: _____ (Days/Time)
_____ A regular position, but less often: _____ (Days/Time)
_____ Working on special projects/events
_____ Other: _____

If you are currently a volunteer, please list where and when: _____

Do you want to volunteer only with a particular agency? If yes, please list: _____

Please list any special skills you have: _____

Do you use Facebook? ___ Yes ___ No Do you prefer to receive mail via email? ___ Yes ___ No

INTAKE NOTES (COMPLETED BY OFFICE)

I have confirmed that this volunteer is 55+ by:
Driver’s license/BMV Photo I.D. Passport Birth Certificate Other _____

Intake completed by: _____ Date _____

Form updated 12/28/2019