



# 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. 1650 or 1653  
Fax: 240-237-8132  
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 \_\_\_\_\_

Do you have any physical disabilities or limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ Disability (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.**

Animals	Health/Health Fair	Teen Court
Arts (painting, music, etc.)	Home Delivered Meals	Gift/Thrift Shop
Computers	Transportation/Senior Rides	Hospice
Crime Prevention	Tour Guide/Museum Docent	Music
Equipment Repair	Quilting, sewing, crafts	Veterans Services
Pantry/Food Services	Seniors Center Activities	Tax Aide
Gardening	Special Events/Projects	Animals
Equipment Repair	Nursing Home	
Environment/Parks/Nature	Office – clerical, mailings, reception	Tutor/Mentor (Adult and/or Youth)

**For Office Use Only:**  
 Initial Contact Date \_\_\_ / \_\_\_ / \_\_\_ Staff Contact: \_\_\_\_\_  
 Enrollment entered into Volunteer Reporter database \_\_\_ / \_\_\_ / \_\_\_  
 Volunteer Stations:  
 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_