

VOLUNTEER APPLICATION

<p>RETURN TO: OCES Attn: Volunteer Coordinator 144 Main Street Brockton MA 02301</p>	<p style="text-align: right;">OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Interviewed _____</p> <p>CORI/NSOPW _____</p> <p>Matched/Trained _____</p> <p>Registration Date _____</p> <p>RSVP Signature _____</p>
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Name _____ Date of birth _____

Address _____

Phone _____
(Home) (Cell/Work) (Email)

Are you a veteran? Yes ___ No ___ Do you have any Physical/Medical Limitations: Yes ___ No ___

Gender

Are you? Male ___ Female ___ Other ___

Providing your ethnicity/race is strictly voluntary. This information is used for statistical purposes only.

What is your Race? American Indian/Alaskan Native _____ Asian _____ Black/African American _____

Native Hawaiian/Pacific Island _____ White _____ Hispanic/Latino _____

Do you speak any foreign languages? Yes ___ No ___

Geographic preference to volunteer _____

Please describe your volunteer experience:

Organization / Date Responsibilities

How did you hear about this volunteer opportunity? _____

Profession /Type of Work Experience _____

Current Employer / Address _____

Education _____

What volunteer programs are you interested in working with? (Check all that apply)

- Medical Transportation OCES Money Management Program "Meals on Wheels" Driver
 Meal Site Assistance OCES Healthy Living Education Program
 Other _____

RSVP-PC

* The RSVP-PC membership is open to anyone age 55 or older who is interested in sharing their skills to improve our communities in Plymouth County through volunteer service.

Insurance Beneficiary Required*

Name of beneficiary for free RSVP insurance _____ Phone _____

When are you available to volunteer? Weekdays (____/____) Weekends _____
MON [] TUES [] WED [] THURS [] FRI [] a.m. p.m.

What form of transportation do you use? Drive own car ___ Rely on others ___ Public transportation ___

Name of insurance carrier _____

Do you have health insurance? Yes ___ No ___ Name of insurance carrier _____

In case of an emergency, please contact _____ Phone _____

I understand that I am not an employee of OCES and that the sponsoring agency will do records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. If using my vehicle while volunteering, I will maintain a current driver's license and automobile liability insurance at least equal to that required by the Commonwealth of Massachusetts.

I certify that the information given herein is accurate to the best of my knowledge.

Signature _____ Date _____

*** Please attach a copy of your driver's license for verification**