



CENTRAL SOUTH DAKOTA RSVP
800 East Dakota Avenue
Pierre, SD 57501
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www.rsvpsd.org

VOLUNTEER APPLICATION

Name _____

Address _____

Telephone _____

Email Address _____

Date of Birth _____

Highest Academic Level Completed
1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Major _____

Occupation (Past or Present) _____

Interests, Skills, Hobbies _____

Current volunteer work _____

What type of volunteer work would you like to do for RSVP?

Work with Children _____	Clerical _____	Nursing Home _____	Library _____
Classroom Aid _____	Food Pantry _____	Visit Elderly _____	Laundry _____
Crossing Guard _____	Tour Guide _____	Hospice Care _____	Kitchen _____
Reading Buddy _____	Thrift Store _____	Hospital _____	Sewing _____
Deliver Meals _____	Gift Shop _____	Driver _____	Women's Prison _____
One Time Projects _____	Bulk Mailing Work _____	Chore Projects _____	

Is there a particular work site you would prefer? _____

What days and hours would you be available? _____

How did you hear about RSVP? Newspaper _____ Radio _____ Friend _____
RSVP staff _____ Other _____

Why do you want to become an RSVP volunteer? Want to be active _____
Want to help others _____ Want to continue prior volunteer work _____
Other _____

-Over -

In Case of Emergency Notify

Name _____
Relationship _____
Address _____
Phone _____

RSVP Life Insurance Beneficiary

Name _____
Address _____
Phone _____

Will you be driving a car to volunteer work stations? _____

Driver's license # _____ Expiration date _____

Do you have auto liability insurance? _____

Please list any health information that work stations should be aware of:

**I hereby volunteer my services through the Central South Dakota RSVP,
and will keep my minimum automobile liability insurance (\$50,000) in effect
if I use my car for volunteer services.**

X _____
Volunteer's Signature _____ Date _____

**BE SURE TO FILL IN ALL THE BLANKS AND SIGN ABOVE.
THANK YOU!**

Notes:

Entered in Reporter _____ File Folder _____

Welcome Letter _____ Name tag _____

Index card _____ Timesheet _____

RSVP Director _____ Date _____