



Dove, Inc. Retired & Senior Volunteer Program

Volunteer Enrollment Form

Thank you for your interest in the Retired and Senior Volunteer Program at Dove, Inc.

To enroll, please return completed form to:

RSVP Office

302 S. Union, Decatur, IL 62522 OR 803 W. Leander, Clinton, IL 61727

Please note, all information provided will be maintained by RSVP as CONFIDENTIAL.

Name _____

Birthdate (MM/DD/YYYY) ____/____/____

M or F - please circle one

Ethnicity - (optional) please circle one

Hispanic/Latino Not Hispanic/Latino

Military Service - please circle one

NO YES - Branch _____

Racial Group - (optional) please circle

African American Caucasian Native Hawaiian/Pacific Islander

American Indian or Alaskan Native Asian

Mailing Address _____

City _____ IL Zip _____

County _____

Email Address _____

Primary Phone Number _____

Backup Phone Number _____

Emergency Contact Name _____

Relationship _____

Phone _____

Are you affiliated with a congregation? (optional)

Are you affiliated with any organizations/clubs?

Hobbies?

Previous/Current Occupation _____

Previous/Current Employer _____

Special Skills or Education _____

Are you currently volunteering? NO

YES - If so, where? _____

Do you have a preferred volunteer assignment and/or location?

Any physical considerations for your volunteer assignment?

RSVP Volunteer Insurance

RSVP Volunteers are covered under an accident and personal liability plan. This is a secondary insurance. Since there is an Accidental Death Benefit involved, you are asked to name a beneficiary.

This must be completed!

Beneficiary _____

Relationship _____

Address _____

City, State, Zip _____

I understand if I use my personal automobile in my volunteer service, I will keep my liability insurance equal to the minimum limits required by the State of Illinois in current status.

I agree to abide by the Volunteer Policy of Dove, Inc.

I affirm the information set forth in this enrollment form is true and complete.

Signature _____

Date _____

I understand that I should report my hours of volunteer service on a monthly basis, and this entitles me to the liability and supplemental insurance provided only to Volunteers enrolled in RSVP. Reporting of hours may be done on a station roster, on a volunteer time sheet and mailed, emailed, or FAXED to the RSVP office.

Initials _____

Date _____

RSVP Representative Signature _____

Date _____

How did you find out about RSVP?

• Your Newspaper _____

• Website

• Presentation by Dove Staff

• Health Fair

• TV / Cable

• Station Representative

• RSVP Volunteer _____

• Other _____

Volunteer Opportunities *(Please circle areas of interest)*

- Education - Youth/Adult Tutoring/ Mentoring
- Environmental Stewardship
- Disaster Services
- Veterans & Military Families
- Tax Programs VITA / Tax Aid
- Habitat for Humanity
- Dove's Children's Clothing Room
- Community Gardener
- Food Distribution
- Transportation
- Friendly Visiting

• Meal Delivery

• Hospitals

• Libraries

• Thrift Stores

• Special Community Events

• Dove Events

Other:
