



RSVP of Lee County

5272 Summerlin Commons Way Ste. 603 Fort Myers, FL 33907 Office (239) 236-8682 fax (239) 275-1077

PLEASE COMPLETE ENTIRE APPLICATION & return to RSVP

Where do you wish to volunteer? _____

Name: _____ Date of Birth ___/___/___

Address: _____ Male or Female

_____ Daytime Phone # _____

E-mail: _____ Are you a veteran? (Please circle one) Yes or No

Race: ___ Asian or Pacific Isl. ___ African American ___ Hispanic ___ White

Emergency Contact: _____

Relationship: _____ Daytime Phone # _____

Are you a seasonal resident? ___ If so, which months are you in Florida? _____

Interest & Skills Checklist – please check all that apply

Assist Seniors	Disaster Response	Health Services	Parks & Recreation	Telephone Reassurance
Assist Veterans	Food Banks/Pantries	Home Repair	Patient Care	Tutor Children
Carpentry	Food Delivery	Hope Healthcare Services	Plant Restoration	Work Outdoors
Child Advocate	Friendly Visits	Land Stewardship Or Master Gardener	Provide Senior Transportation	
Congregate Meal Assistant	Gardening/ yard work	Mentor Children	Special Events	
Deliver Meals to the Homebound	Gift Shops & Thrift Stores	Park Beautification Specialist	Tax Preparation	

Can we contact you for short term or special project assignments? (Please circle one) Yes or No

Do you use your automobile when volunteering? (Please circle one) Yes or No

If yes, I understand that if I use my vehicle while engaging in my volunteer assignment, I will arrange to keep in effect automobile insurance equal to the minimum limits required by the state of Florida.

Driver's License # _____ Expiration Date _____

THE SECTION BELOW SHOULD BE FILLED OUT!

You are eligible for Accident & Liability Insurance while performing your volunteer assignments. Designate Beneficiary

Beneficiary's Name _____ **Relationship** _____

Address _____ City _____ State ___ Zip _____

Phone # _____

Volunteer's Signature _____