



Specializing in rewarding  
volunteer placement since 1982

# Senior Corps/ RSVP

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*"In every community there  
is work to be done.  
In every nation there are  
wounds to heal.  
In every heart there is  
power to do it."*

~ Marianne Williamson

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you older than 55? ☐ Yes ☐ No Date of Birth: \_\_\_\_\_

Please place an "X" in the appropriate box for the type of volunteer opportunity you are interested in doing.

X	Volunteer Opportunity	X	Volunteer Opportunity
	Tutor		Educational surrogate
	Visitor to homebound residents		Tax preparer
	Reassurance caller		Educational instructor
	Fund raiser		Thrift store volunteer
	Hospice volunteer		Elementary school tutor
	Medicare counselor (SHIP)		Office assistance
	Working with children		Fraud and abuse prevention advocate
	Mentor		Meal Delivery
	Literacy tutor		Other interests:

Are you doing volunteer work now? If so where? \_\_\_\_\_

Are you a veteran? ☐ Yes ☐ No Do you have any family members actively serving in the military? ☐ Yes ☐ No

Do you have a car? ☐ Yes ☐ No Diver's License? ☐ Yes ☐ No Liability Insurance? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No Are there any physical conditions and or limitations that should be taken into consideration in arranging volunteer assignments for you? ☐ Yes ☐ No If Yes, please tell us: \_\_\_\_\_

Please provide a brief description of what work and/or volunteer experiences you have had in the past:

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What skills or hobbies do you like to do?

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What type of volunteer work do you wish to do? Please describe:

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What type of volunteer work do you not want to do?

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Please tell us how many days or hours a week you wish to volunteer:

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Digital Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Demographic Information (optional)

Both the State and Federal Governments periodically require that we submit information on characteristics of our volunteers. Your response to this section is voluntary but will help us in implementing our affirmative action policy. RCSJ is an equal opportunity institution. This information does not affect placement.

Ethnicity/Race:

a. Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

b. In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian/Alaska Native

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

c. Is English your first language?

☐ Yes ☐ No