



Retired & Senior Volunteer Program of Oswego County
SUNY Oswego
34 East Bridge St.
Oswego, NY 13126

T: 315.312.2317 F: 315.312.3374 rsvp@oswego.edu

Name: _____

Date of Birth: _____

Age: _____

Address: _____

City: _____

Zip: _____

Home Telephone#: _____

Cell#: _____

Veteran: No Yes, branch: _____

Email Address: _____

Education: High School College Trade Other: _____

Referred by: _____

Prior Occupation: _____

Are you currently volunteering? No Yes, _____

Driver's License: No Yes, License # _____

Do you receive Mature Living? Yes No

(required for insurance coverage)

Preferred delivery method: Online Mailed Pick-up

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Emergency Contact:

Disability and/or limitations: _____

Name/Relationship: _____

Address: _____

Special Skills/Hobbies: _____

Telephone: _____

Volunteer Signature/Date: _____

Areas of Interest: *(check all that apply)*

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> AARP Driver Safety Instructor | <input type="checkbox"/> Computer Tutoring | <input type="checkbox"/> Hospice | <input type="checkbox"/> Music/Instrument | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> AARP Tax Aide Counselor | <input type="checkbox"/> Craft/Hobby Sharing | <input type="checkbox"/> Hospital | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Telephone work |
| <input type="checkbox"/> American Red Cross/Disaster Svcs. | <input type="checkbox"/> Dining Centers - OCO | <input type="checkbox"/> Library | <input type="checkbox"/> NY Ombudsman Program | <input type="checkbox"/> Tree Stewards |
| <input type="checkbox"/> Animals (Shelters/Groups) | <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Literacy Groups | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Arts/Theatre | <input type="checkbox"/> Exercise Programs | <input type="checkbox"/> Mailing Groups | <input type="checkbox"/> Publicity/Community Events | <input type="checkbox"/> <i>Suggestions:</i> |
| <input type="checkbox"/> Carpentry/Handyman Svcs. | <input type="checkbox"/> Food Pantries | <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Retail Shops | _____ |
| <input type="checkbox"/> Children-based Activities | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Mentor/Tutoring - Adult | <input type="checkbox"/> RSVP Osteo Bone Builders | _____ |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> HarborFest | <input type="checkbox"/> Mentor/Tutoring - Child | <input type="checkbox"/> School Aide | _____ |
| <input type="checkbox"/> Clerical/General Office | <input type="checkbox"/> Historical/Museums | <input type="checkbox"/> Music/General | <input type="checkbox"/> Tourism/Tourists Centers | _____ |

Office Use Only:

Orientation Date _____

Membership Materials _____

Volunteer Reporter

ML Newsletter signup

Follow-up: _____

Notes: _____

Deactivation Date: _____

Reason: _____

RSVP Authorized Signature: _____

Date: _____