



RETIRED AND SENIOR VOLUNTEER PROGRAM

Saratoga County, Office for the Aging
152 West High Street, Ballston Spa, NY 12020
Phone: 884-4110 Fax 884-4104
Email: Bmccconkey@saratogacountyny.gov



First Name: _____ Last Name: _____ Date of birth: _____

Address: _____ City: _____ ZIP Code: _____

Telephone Number: _____ Cell Phone: _____ Email: _____

Any physical Limitations? _____ What did you do before retirement? _____

Have you Volunteered before? _____ If "Yes" where and when: _____ Dates available (please circle) M T W Th F S Sun

Do you have a preferred Volunteer assignment? _____ Time available: AM _____ PM _____

Ethnicity:	Hispanic/Latino Non-Hispanic/Latino	Racial Group:	White Black or African American	Native Hawaiian or Pacific Island American Indian/Alaska Native
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

The shaded section above is OPTIONAL – for statistical purposes

We often receive requests for volunteers to assist with "one-time" volunteering.

Can we put you on that list? YES _____ YES, it depends on the assignment _____ No _____

Please circle any interests, skills or hobbies you enjoy

SPECIAL INTERESTS	WORKING with INDIVIDUALS/GROUPS	CAREER SKILLS
Crafts <input type="checkbox"/>	Children <input type="checkbox"/>	Building Skills: Carpentry <input type="checkbox"/>
Dancing <input type="checkbox"/>	Adults <input type="checkbox"/>	Building Skills: Electrical <input type="checkbox"/>
Gardening <input type="checkbox"/>	Call or visit Seniors <input type="checkbox"/>	Building Skills: Plumbing <input type="checkbox"/>
Hiking, running, climbing <input type="checkbox"/>	Conducting Activities for Seniors <input type="checkbox"/>	Building Skills Other: <input type="checkbox"/>
Knitting, crochet, sewing <input type="checkbox"/>	Delivering meals to Seniors <input type="checkbox"/>	CPR/Lifesaving <input type="checkbox"/>
Local History <input type="checkbox"/>	Drive/Transporting Seniors <input type="checkbox"/>	Finance/Accounting <input type="checkbox"/>
Musical instruments/singing <input type="checkbox"/>	Exercise for Seniors <input type="checkbox"/>	Medical: physician, nurse, PA <input type="checkbox"/>
Painting <input type="checkbox"/>	OFFICE SKILLS	Teacher <input type="checkbox"/>
Writing <input type="checkbox"/>	Answering phones, filing <input type="checkbox"/>	Other, specify: _____
SPECIAL ASSIGNMENTS	Bookkeeping <input type="checkbox"/>	
(Group)Cooking/food service <input type="checkbox"/>	Computer programming/DP <input type="checkbox"/>	LANGUAGE SKILLS
Information Desk <input type="checkbox"/>	Data Entry <input type="checkbox"/>	Sign Language <input type="checkbox"/>
Research, specify type <input type="checkbox"/>	Mail Preparation <input type="checkbox"/>	Second language: specify: _____
Thrift Shop/Gift Stores <input type="checkbox"/>	Office Management <input type="checkbox"/>	

--THIS SECTION MUST BE COMPLETED FOR COMPLIMENTARY INSURANCE ELIGIBILITY--

Beneficiary: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ ZIP Code _____

YOUR Driver's License#: _____ State: _____ Expiration Date: _____

Thank you for taking the time to complete this application

Volunteer Signature: _____ Date: _____

RSVP Project Director: _____ Date: _____

WELCOME TO THE RSVP PROGRAM!