

Date: _____

Last Name: _____

RSVP VOLUNTEER REGISTRATION FORM

PLEASE PRINT

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail Address: _____ Fax: _____

Date of Birth (Mandatory): ____/____/____ Gender: M ___ F ___

Ethnicity (Optional): Asian; African American; Caucasian; Hispanic;
Middle Eastern; Native American; Other _____

Emergency Contact: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Where are you currently serving as a volunteer? _____

Previous Volunteer Experience:

Interests & Skills:

Previous Occupation:

Would you like to be a member of our SWAT Team (Seniors With Available Time) and be called on short notice for an occasional project with our nonprofit agencies (e.g. mailings, conference registration, special events)? Yes _____ No _____

TO BE COMPLETED BY RSVP OFFICE

Station: _____ Assignment: _____ Date: _____

Station: _____ Assignment: _____ Date: _____

Station: _____ Assignment: _____ Date: _____

Please mail to: Kathleen Meaney Stobie, RSVP Coordinator
Montgomery County Volunteer Center
401 Hungerford Drive, 1st Floor
Rockville, MD 20850
Or fax to: 240-777-2601