



NORWESCAP Volunteer Application & RSVP Enrollment

1-888-387-9830 Fax: 973-784-4904
 53 Stickle Avenue, Suite 2, Rockaway, NJ 07866
 www.norwescap.org

PERSONAL INFORMATION

<i>Name</i>			
<i>Mailing Address</i>			
<i>City, State, Zip Code</i>			
<i>Home Phone</i>		<i>Alternate Phone</i>	
<i>Email Address</i>		<i>Date of Birth</i>	

EMPLOYMENT INFORMATION (If Applicable)

<i>Current Employer</i>			
<i>Employer Address</i>			
<i>City, State, Zip Code</i>			
<i>Job Title</i>			
<i>Phone</i>		<i>Fax</i>	

INSURANCE, BENEFICIARY, & EMERGENCY CONTACT INFORMATION

NORWESCAP's Skylands RSVP & Volunteer Resource Center provides all volunteers with excess auto and personal injury and liability insurance coverage while performing volunteer activities, including commuting from your residence to a partner agency. To be qualified for this benefit you must agree to have Automobile Liability Insurance equal to the minimum limits required by the state where you reside. You must also agree to maintain a current and valid state issued driver's license. Over 55 years of age volunteers are also eligible to receive a minimal death benefit through the RSVP program provided they designate a beneficiary.

<i>Driver's License #</i>		<i>State Issued</i>	
<i>Auto Insurance Company</i>		<i>Policy #</i>	
<i>Insurance Co. Address</i>			
<i>City, State, Zip Code</i>			
<i>Phone</i>			
<i>Beneficiary Name (If Applicable)</i>			
<i>Emergency Contact Name</i>			
<i>Emergency Contact Phone</i>		<i>Alternate Phone (If Available)</i>	

REFERENCES

Some of our programs require references. Please provide the names and contact information of three individuals not related to you who would be able to provide some brief details about what type of person you are.

<i>Name</i>	<i>Phone Number</i>	<i>Email</i>

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PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience. (If any)

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AVAILABILITY

When are you available to volunteer? Please check all that apply:

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							

LOCATION

Which counties are you willing to serve? Please check all that apply:

<i>Hunterdon</i>		<i>Morris</i>	
<i>Passaic</i>		<i>Somerset</i>	
<i>Sussex</i>		<i>Warren</i>	

AGREEMENT AND SIGNATURE

By submitting this enrollment, I affirm that the facts set forth in it are true and complete. I understand that a background check may be necessary based on my volunteer activity, as well as references, and hereby consent to having a background check completed. I further understand that I am not an employee of NORWESCAP, the volunteer station or the Federal Government and agree to serve without compensation.

This application must be signed by both the volunteer and the appropriate program coordinator.

All volunteers under the age of 18 must also have their enrollment signed by their parent or legal guardian.

<i>Volunteer Signature</i>		<i>Date</i>	
<i>Program Supervisor Signature</i>		<i>Date</i>	
<i>Parent or Guardian Signature</i>		<i>Date</i>	

PLACEMENT POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this enrollment form and for your interest in volunteering in your community.

FOR OFFICE USE ONLY	ENROLLMENT DATE: _____
PLACEMENT: _____	CONTACT PERSON: _____

VOLUNTEER INTEREST AND PLACEMENT FORM

RSVP SIGNATURE PROGRAMS (Programs may not be available in all counties)

RSVP Volunteer Resource Center coordinates a number of signature programs designed to address specific community needs throughout northwest New Jersey. Some of these opportunities may be limited based on geographic area, season, or they may require training before placement. Please feel free to select any area that you may be interested in learning more about.

Lead a Community Health Program		Be a Volunteer Tax Preparer		Be a Medicare Counselor	
Mentor/Tutor		Join our Capacity Builders		Work with "Lifebook" Memoirs	
Deliver Meals to the Homebound		Become a Friendly Visitor		Perform Minor Home Repairs	
Make Checkup Calls to Seniors		Work as a Money Manager		Be a Grocery Shopper	
Provide Transport to Dr. Appt.'s		Assist Veterans		Be a Volunteer Coordinator	
Assist in Food Bank/Food Pantry		Disaster Response/Preparedness		Financial Counseling	
(OR) I'd like to discuss other volunteer opportunities at agencies in my community with a Volunteer Coordinator					

NORWESCAP VOLUNTEER INTEREST & PLACEMENT

Please let us know if you have any special requirements surrounding your volunteer service. Check all that apply:

Court Mandated Community Service		Social Service Requirement		Youth Service Requirement	
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NORWESCAP has a variety of programs and services that use volunteers. Please use the interest list below to select the areas where you would like to volunteer and we will try to match you with a program that fits all of your criteria.

Administrative / Clerical		Bulk Mailing / Packet Preparation		Case Management	
Child Care / Working with Children		Community Outreach		Computer / Technology Assistance	
Driver / Delivery Person / Transport		Event Coordinator / Planner		Food Preparation / Kitchen Aide	
Fundraising / Grant Writer		Graphic Design / Marketing		Leadership / Committee Chair.	
Maintenance / Groundskeeper		Materials / Donation Handler		Mentor / Coach /	
Peer Leader / Educator / Presenter		Receptionist / Appointment Setter		Retail Worker / Sales	
Social Media / Web Assistant		Special Events Staff		Translator	

Do you have any special populations that you wish to work with?

Elderly / Senior Citizens		Youth / Children		Disabled	
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Do you have a specific NORWESCAP program that you wish to work with? Please list below:

SPECIAL SKILLS and/or QUALIFICATIONS

Summarize any special skills and/or qualifications that you think may be useful in your volunteer assignment.