



Drop Off at Main Office Location: 100 Park Lane, Charlestown, RI 02813  
Mail to: P.O. Box 1047, Charlestown, RI 02813 - Email to: [lptanner@southernrivol.org](mailto:lptanner@southernrivol.org) – Fax to: 401-552-7663

## Volunteer Registration Form

Please print clearly and answer all questions to the best of your knowledge:

### Contact Information

Name: \_\_\_\_\_ Salutation: \_\_\_\_\_  
First Middle Last

Mailing Address:

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Winter Address (if applicable): \_\_\_\_\_

\*Months that you reside in Rhode Island: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Do you want to sign up for SRIV's e-newsletter? (Circle): YES NO

Preferred method of contact? (Check)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Email             |
| <input type="checkbox"/> Home phone | <input type="checkbox"/> Physical Mailings |

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Emergency Contact Information

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### About Yourself and Your Volunteer Goals

What SRIV program(s) are you interested in?

- |   |  |
|---|--|
| <input type="checkbox"/> Retired Senior Volunteer Program | <input type="checkbox"/> Volunteer Resources       |
| <input type="checkbox"/> Disaster Preparedness            | <input type="checkbox"/> Independent Aging Support |

Briefly Describe Your Volunteer Experience:

Briefly describe your previous job experience and skills below:

What areas and/or causes are of interest to you as a volunteer?

*Availability:*

Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time(s)							

Please Provide Two References:

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone Number/Email Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone Number/Email Address: \_\_\_\_\_

***Demographic Information***

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

Highest Education Completed: \_\_\_\_\_ Major/Specialization: \_\_\_\_\_

Are you a Military Veteran? (Circle) YES NO

If yes, which branch? \_\_\_\_\_

Do you consider yourself...? (Check)

***(This is not a required question, but will be used for federal statistical purposes. You may select multiple)***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Mixed             |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Black            | <input type="checkbox"/> Asian           | <input type="checkbox"/> Prefer not to say |

How did you hear about Southern Rhode Island Volunteers? (Check):

- ☐ Friend/word of mouth
- ☐ VolunteerMatch.com
- ☐ SRIV's website
- ☐ Facebook
- ☐ Local Newspaper: What newspaper? \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*If participant is under 18 or designated as a dependent, responsible party shall sign here*