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Central Florida Community College Volunteers	Department: _____ Supervisor: _____	Bldg: _____ Campus: _____
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## VOLUNTEER REGISTRATION FORM

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
 (Mr/Ms/Mrs) (First) (Middle) (Last)  
 Telephone \_\_\_\_\_ email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_

Birth date: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Transportation: Do you have a car?  yes  no  
 In what section of Ocala / Marion County do you live? \*we attempt to find opportunities in your area\*  
 North East  North West  South East  South West

Please describe any special needs / physical limitations (wheelchair access, no lifting, no standing, etc.) \_\_\_\_\_

Optional: Ethnic group:  
 African American  Asian, Pacific Island  Caucasian  Hispanic  Native American  Other \_\_\_\_\_

**THE FOLLOWING ARE AREAS IN WHICH THERE ARE OCCASIONAL OR FREQUENT VOLUNTEER NEEDS IN OUR COMMUNITY. PLEASE REVIEW IT AND MARK THOSE AREAS WHERE YOU FEEL YOU CAN BEST FILL A NEED. THANK YOU.**

ADVOCACY Counseling/Coaching/Facilitating Mentoring	BOARD/COMMITTEES FUND RAISING ACTIVITIES	BUSINESS/MANAGEMENT Lecturing ,Advising ,Administration
Coach/Facilitator –Seniors	Board/Committee Membership	Accounting/Bookkeeping
Depression/Stress	Events Planning	Computer /Data Processing
Financial Difficulty	Fund Raising	Financial Planning
Human Rights Issues		Income Tax Preparation
Parental Difficulty		Management/Labor Relations
Persons w/ Disabilities		Marketing/Advertising
		Office Systems Procedures
		Personnel Management
ENVIRONMENT /WILDLIFE & ANIMAL PROTECTION	OFFICE / CLERICAL	Project Coordination
Animal Caretaker	Bulk Mailing	Real Estate
Gardening/Landscape	General Clerical	Small Business Development
Plant Care	Reception/Telephones	Tax Consulting

Wildlife Protection	Computer skills such as:	Time/Motion Studies
Wetlands Preservation	Access	<b>MISCELLANEOUS</b>
Forestry	Excel	Arts/Crafts
Other	Power Point	Gift/Thrift Shop
	Word	Honor/color guard services
	Desktop Publishing	Information Desk/Tour Guide
		Library Services
<b>LANGUAGE (Tutor)</b>	<b>SAFETY/DISASTER BASIC NEEDS ASSISTANCE</b>	Athletics Basketball    Men's    Women's Baseball        Softball
Arabic	Disaster Response	Photography/video/film
Chinese	Food Services Delivery	Research or Surveys
French	Homeland Security	SWAT Team
German	Law Enforcement	Transportation
Hebrew		
Italian	<b>SKILLED TRADES</b>	<b>TUTORING</b>
Japanese	Auto	English
Russian	Carpentry	Math
Spanish	General Construction	Reading
Sign Language	Electrician	Science
	Heavy Equipment Operation	Writing
	Plumbing	Other
	Other	

**RSVP VOLUNTEERS ONLY:** RSVP provides volunteers with Accident & Liability Insurance, Personal Liability and EXCESS Automobile Liability Insurance. The following information is needed for program information/insurance coverage.

**RSVP SUPPLEMENTAL ACCIDENT INSURANCE –Beneficiary Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**RSVP AUTOMOBILE INSURANCE**

As an RSVP Volunteer, if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the State of Florida. If there is any change in my driving status, I will notify the RSVP office.

The name and number on my driver license is \_\_\_\_\_. It expires on \_\_\_\_\_.

My automobile insurance company is: \_\_\_\_\_ Policy # \_\_\_\_\_

**\*\*\* ALL VOLUNTEERS - PLEASE READ AND SIGN\*\*\***

Voluntary Donation of Services: I understand that registration with RSVP/VM does not restrict my choice of volunteer jobs. I am free to accept or reject any volunteer placement offered to me. I give my permission to RSVP/VM to release the information on this form to any agency as needed for volunteer referral.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date