



**Dawes & Sioux County  
RSVP Application and Interest Survey**

270 Pine Street \* Chadron, NE 69337

308-432-3393 Chadron, 308-665-1505 Crawford, 308-432-5799 Fax

**CONTACT INFORMATION:**

Name as it appears on driver's license \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a veteran?  Yes  No Branch of service:  Army  Navy  USAF  USMC  
 Coast Guard  Other Do you have family members serving in the military?  Yes  No

Ethnic Group (Optional):  Caucasian  African American  Hispanic  
 Native American/Alaska Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**I WOULD PREFER:**

\_\_\_\_\_ to work with others \_\_\_\_\_ jobs that require standing/moving \_\_\_\_\_ jobs that require sitting

\_\_\_\_\_ to work a regular schedule \_\_\_\_\_ to do a one time job \_\_\_\_\_ to do something familiar

\_\_\_\_\_ outdoor jobs \_\_\_\_\_ indoor jobs \_\_\_\_\_ to coordinate/chair a project \_\_\_\_\_ Enjoys Children/Teens

**WHEN ARE YOU AVAILABLE TO VOLUNTEER?**

A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

How long do you prefer to work each time?

\_\_\_\_\_ 1 Hour \_\_\_\_\_ 2 Hours \_\_\_\_\_ 3 Hours \_\_\_\_\_ ½ Day \_\_\_\_\_ Full Day

**HOW WOULD YOU DESCRIBE YOURSELF? CHECK ALL THAT APPLY:**

\_\_\_\_\_ Organized \_\_\_\_\_ Detail Oriented \_\_\_\_\_ Enthusiastic \_\_\_\_\_ A People Person \_\_\_\_\_ Patient

\_\_\_\_\_ A Motivator \_\_\_\_\_ Compassionate \_\_\_\_\_ Tolerant \_\_\_\_\_ Enjoy Working With Children/Teens

\_\_\_\_\_ A Leader \_\_\_\_\_ Self Motivated \_\_\_\_\_ Enjoy Working With Adults

**PLEASE CHECK ANY SKILLS/HOBBIES/EXPERIENCE:**

Teaching  Medical  Companionship/Transportation of Seniors/Disabled  
 Receptionist/Office Work  Caring for Children  Museum/Library  Music  
 Caring for an Adult  Financial Literacy  Carpentry/Handyman  Other \_\_\_\_\_

**PLEASE CHECK THOSE ACTIVITIES YOU ARE INTERESTED IN:**

Meals on Wheels  Feeding the Hungry (Closer to Home, Food Pantries, book booth etc.)  
 Salvation Army Bell Ringing  Blood Drives  Museums & Art Shows  Baking/Cooking  
 Serving Veterans & Military Families  Providing Transportation & Companionship to Seniors  
 Helping at the Sr Ctr Rummage Room  Caring & Sharing Christmas  Wherever needed  
 Other \_\_\_\_\_

There are 50+ ways to serve. See the RSVP Volunteer Opportunity List for more details.

**BENEFICIARY for RSVP INSURANCE:**

**All RSVP volunteers are covered by our supplementary accident and liability coverage, free of charge.**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**PERSON to NOTIFY in CASE of EMERGENCY:**

*If same as beneficiary above, initial here \_\_\_\_\_, otherwise, Name: \_\_\_\_\_*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**AGREEMENT AND SIGNATURE:**

*By submitting this application, I affirm that the facts set forth in it, including my birthdate, are true and complete. I also understand that RSVP may investigate my background and I hereby give me permission to do so. Northwest Community Action Partnership (NCAP) has my permission to take and/or utilize photographs of me and my family as participants in RSVP activities. I understand the photograph(s) may be used in NCAP/RSVP publications, promotional materials, agency displays and in various public media including, without limit to, newsletters, newspapers and website. I understand that I will receive no compensation for the use of the photograph(s).*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RSVP Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NCAP will not discriminate on the basis of race, color, sex, national origin, religion, age, sexual orientation, gender identity or expression, political affiliation, marital or parental status, military service, limited English proficiency, mental or physical disability (including HIV/AIDS, if the volunteer is a qualified individual with a disability), or any other status protected by law.