



**L.A. WORKS
RSVP ENROLLMENT FORM
570 WEST AVENUE 26, SUITE 400, LOS ANGELES, CA 90065**



*Required

*Full Name	*Date of Birth / /19	Female <input type="checkbox"/> Male <input type="checkbox"/>
Street	City	ZIP Code
*Phone () -	*Email @	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>
Profession		Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offense or misdemeanor Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain:		
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Active Duty Member of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you an AmeriCorps Alum? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you the family member of someone on active duty? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Ethnicity	
African-American	Other
Asian	Native American/ Alaska Native
Caucasian	Native Hawaiian/ Pacific Islander
Hispanic	

Highest Educational Level	
Some High School	Bachelor's Degree
High School Graduate	Graduate Degree
Some College	Other
Associate Degree	

Rate Your Interest in Volunteering in the Following Categories				
NUMBER 1-5 BY PREFERENCE				
Education	Veterans	Homelessness	Healthy Living	Other (Specify)

One of the benefits of the RSVP program is L.A. Works' liability insurance coverage during volunteer hours. This coverage is automatic at no cost to you. Please designate an insurance beneficiary:

Name of Beneficiary _____ Relationship _____ Address _____ Phone _____

By signing below, I acknowledge that I have read and understand the following statements:

- I am 55 years of age or older and offer my services as a volunteer for the LA Works Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, LA Works, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

Signature: _____

Date: _____

Director: _____

Date: _____