



RSVP

Lead with Experience

ALL PEOPLES



COMMUNITY CENTER

Retired Senior Volunteer Program

All Peoples Community Center
822 East 20th Street
Los Angeles, CA 90011

VOLUNTEER INFORMATION

PLEASE CIRCLE ONE : MR. MRS. MS / SR. SRA. STA.

NAME : _____ D.O.B.: ____/____/19____

ADDRESS : _____

CITY: _____ ZIP CODE: _____

Phone: (____) _____ Cell :(____) _____

E-Mail: _____@_____

VOLUNTEER JOB PREFERENCE

TYPE OF WORK YOU ARE INTERESTED IN:

- ____ DISASTER PREPAREDNESS
- ____ MEMBER OF ADVISORY BOARD
- ____ PUBLIC SAFETY-WORKING WITH POLICE DEPARTMENT
- ____ FOOD DISTRIBUTION
- ____ COMMUNITY SERVICE

WHERE WOULD YOU LIKE TO VOLUNTEER: _____

ARE YOU A U.S. VETERAN? ____ YES ____ NO

IF YES, WHAT BRANCH OF SERVICE: _____

YEAR ENTERED IN ACTIVE DUTY: _____ YEAR LEFT ACTIVE DUTY: _____

EMERGENCY CONTACT INFORMATION (INFORMATION IS REQUIRED)

NAME: _____

PHONE: _____ RELATIONSHIP: _____

FOR OFFICE USE ONLY STATION ASSIGNED TO: _____

**DESIGNATION OF BENEFICIARY
(INFORMATION IS REQUIRED)**

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (_____) _____
CITY / STATE: _____ ZIP CODE: _____

REIMBURSEMENT REQUEST

PLEASE INDICATE IF YOU ARE INTERESTED IN RECEIVING QUARTERLY REIMBURSEMENTS

YES NO (skip to next section)

TYPE OF REIMBURSEMENT REQUESTING

(PLEASE CHOOSE ONLY ONE)

BUS/CAR MEAL AUTO MILEAGE**

** Please send proof of insurance and copy of your CA Driver's License

STATISTICAL INFORMATION

(Optional)

ETHNICITY:

___ CAUCASIAN ___ AFRICAN-AMERICAN ___ HISPANIC ___ NATIVE-AMERICAN
___ ASIAN/ PACIFIC ISLANDER ___ OTHER _____

GENDER:

___ MALE ___ FEMALE ___ OTHER

SPECIAL NEEDS:

___ MOBILITY ___ VISION ___ HEARING ___ OTHER _____

I AGREE TO VOLUNTEER MY SERVICES THROUGH THE RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP). I UNDERSTAND THAT I AM NOT AN EMPLOYEE OF RSVP OR ALL PEOPLES COMMUNITY CENTER. **I ALSO UNDERSTAND THAT IF I REQUEST TRANSPORTATION REIMBURSEMENT AND USE MY PERSONAL AUTOMOBILE TO AND FROM MY VOLUNTEER WORK STATION, I WILL ARRANGE TO KEEP IN EFFECT MY AUTOMOBILE LIABILITY INSURANCE EQUAL TO OR GREATER THAN THE MINIMUM REQUIRED BY THE

Signature of Volunteer

Date

Jennifer Santos
RSVP Director
jsantos@allpeoplescc.org

Melanie Lopez
RSVP Administrative Assistant
mlopez@allpeoplescc.org