



Community Action and Human Services Department
Retired and Senior Volunteer Program Application



701 N.W 1st Court 11th Floor Miami, FI 33136

Phone #: (786) 469- 4843 (786) 469- 4848 Fax #: (786) 469-4510

Retired & Senior Volunteer Program
 Volunteers Building Community

Last Name: _____ First Name: _____

Address: _____
 City: _____ State: _____ Zip Code: _____

Gender: Female Male
 Marital Status: Married Widowed
 Single Divorced

Telephone No.: _____ E-mail Address: _____

Age: _____ Birth Date: _____ Social Security Number: _____ Veteran: Yes No

Highest Level of Education: _____ Languages Spoken: _____

Ethnicity: _____

Physical Condition : Excellent Good Fair Poor

No. of persons living in your home: _____

Tell us why you wish to become a Retired Senior Volunteer: _____

Method of Transportation: _____

Willing to work: Mornings Afternoons

How did you hear about our program?: _____

List Hobbies & Special Skills: _____

Two Character References

1) Name: _____ Telephone# _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

1) Name: _____ Telephone# _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Certification

I _____, do certify that the above information as stated is correct to the best of my knowledge.
 I also consent to the Retired and Senior Volunteer Program (RSVP) performing or arranging for a criminal history
 check in accordance with the Federal requirements for the Program.

 Signature Date

*This material is based upon work supported by AmeriCorps under Grant No. 22SRHFL006.
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