



RSVP RECIPIENT ENROLLMENT FORM

(ELIGIBILITY **55** YEARS OR OLDER)

Thank you for your interest in RSVP of Stanislaus County. To enroll, please complete this form, sign at the bottom where indicated and return to the RSVP office at the address shown above or where you obtained this form. *Note: All information provided is maintained by RSVP as CONFIDENTIAL.*

PLEASE PRINT:

Last Name: _____ First Name: _____ Date: _____

Phone No.: _____ Address: _____ Apt: _____

City: _____ Zip Code: _____

Date of Birth (*required*): _____ Physical Limitations (if any): _____

Gender

Ethnic Group

Racial Group

Female

Not Hispanic/Latino

Asian

Caucasian

Male

Yes, Hispanic/Latino

African

American Indian/Alaskan Native

American Native Hawaiian/Pacific Islander

Source of Referral (please include name if possible)

Agency Staff: _____

RSVP Brochure

Web Site: _____

Friend

RSVP Staff

Other: _____

Newspaper/Radio/Television: _____

RSVP Volunteer Member: _____

What type of support would you like a volunteer to assist you with?

Adult Education/Tutor

Computer

Information & Referral

Recreation/Exercise

Adult Supportive
Services/Advocate

Entertainment

Languages(Non-
English) _____

Shopping/Delivery

Animal Care

Friendly Visits/
Companions

Letter Writing

Transportation/Driver

Arts & Crafts

Gardening/Grounds
Maintenance

Public Relations/Out
reach

Other: _____

Reading Aloud

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Recipient Signature _____ Date _____