

# RSVP (Retired Senior and Volunteer Program) Application

## Metropolitan Family Service, 2200 NE 24<sup>th</sup> Avenue, Portland, OR 97212

Name: \_\_\_\_\_  
(Title) (First) (Middle) (Last)

Are you 55 or older? \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: _____
Phone Number(s): _____ Relationship: _____

- Where did you hear about the RSVP Program? \_\_\_\_\_
- Please describe any previous volunteer and/or work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Please list three character references that we may contact (other than relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Certification

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for an RSVP position with Metropolitan Family Service, any material misrepresentations or omissions that become known to Metropolitan Family Service will result in termination and disqualification as an RSVP volunteer regardless when discovered.

I agree to complete such additional release forms that Metropolitan Family Service may require to secure information related to this application and my ability to serve as an RSVP volunteer.

If accepted into RSVP, I recognize the instructions, rules, and policies of Metropolitan Family Service and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, at the option of either Metropolitan Family Service or myself.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## RSVP VOLUNTEER SERVICE INFORMATION FORM

I would like to volunteer (circle all that apply):

▪ **Days:**

Monday                      Tuesday                      Wednesday                      Thursday                      Friday  
                                  Saturday    Sunday

▪ **Times:**

Mornings                                      Afternoons                                      Evenings

▪ **Frequency:**

Weekly (if weekly, # of hours per wk)                                      Bi-Monthly                                      Monthly

Volunteer sites in which I am interested (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Schools          | <input type="checkbox"/> Youth Centers          | <input type="checkbox"/> Nutrition Sites   |
| <input type="checkbox"/> Libraries        | <input type="checkbox"/> Parks/Recreation Sites | <input type="checkbox"/> Thrift/Gift Shops |
| <input type="checkbox"/> Offices          | <input type="checkbox"/> Health & Wellness      | <input type="checkbox"/> Hospitals         |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Visitors Association   | <input type="checkbox"/> Museums           |

I am also interested in leadership opportunities such as volunteer recruitment, training, and mentoring.

### SPECIAL ON-CALL LIST

Would you like to be on a special on-call list? (Please Circle One)	Yes/No
*The special on-call list is referred to when local agencies are looking for one-time assistance with special events or fundraising events. We will notify volunteers when we receive requests for assistance.	

▪ Do you have any special skills which you feel may be helpful? \_\_\_\_\_

\_\_\_\_\_

▪ Do you speak any languages other than English? If so, which languages? \_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

Station Assigned	Start Date	End Date	Other



RSVP is a program of Metropolitan Family Service. For more than half a century, MFS has played a vital role in the lives of children, families, and older adults. Most people who access our programs are low-income individuals and families.

*Because together, we can do more.*



METROPOLITAN FAMILY SERVICE  
Criminal and NSOPR Check  
Applicant Authorization Form

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Other Names Used \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Date of Birth Social Security Number

Current Address \_\_\_\_\_  
Street Apt # City State Zip

\_\_\_\_\_ Position is: PAID VOLUNTEER  
Position for which you are applying

Please read and sign authorization statement below:

**Authorization**

I HEREBY AUTHORIZE **Metropolitan Family Service** AND ANY OF IT'S AGENTS TO UTILIZE THE INFORMATION CONTAINED ON THIS FORM TO OBTAIN A CRIMINAL BACKGROUND INVESTIGATION REPORT INCLUDING DATES, NATURE OF ANY CRIMINAL ACTIVITY AND CONVICTION INFORMATION. MFS WILL ALSO ACCESS INFORMATION FROM THE NATIONAL SEX OFFENDER PUBLIC REGISTRY.

“CONVICTION” means you were found guilty by a judge, jury, by pleading “no contest” or “nolo contendere”, or by pleading guilty in court or by paying a fine without appearing in court. A conviction may have taken place even if you did not pay a fine or spend time in any jail or prison.

A “CRIME” includes felonies and misdemeanors (including, but not limited to DUI, MIP, theft, battery, fraud, etc.). Traffic citations such as speeding or parking fines are not included as “crimes” for purposes of this request. Please note that driving under the influence of alcohol or other drugs (DUI) are considered “crimes” for purposes of this request.

A conviction will not automatically disqualify you from employment or volunteering. MFS will consider factors such as date, seriousness, nature of offense and positions for which you are applying (both volunteer and paid positions). IF YOU DO NOT DISCLOSE a conviction which is later discovered, any offer of employment or volunteer placement that is made may be rescinded or your employment or volunteer placement maybe immediately terminated.

\_\_\_\_\_  
Signed Date

MFS USE ONLY	MFS USE ONLY	MFS USE ONLY
PROGRAM NAME: _____		SUBMITTED BY: _____
Date Requested	Results Rec'd	Eligible
Criminal Background Check _____	_____	<input type="checkbox"/>
And NSOPR Check		HR Representative Signature _____

**Please  
complete  
both sides**

CRIMINAL BACKGROUND CHECK

**Have you lived in another state or country in the past 10 years?**  
 Circle one: **YES**      **NO**

**If YES, please list all cities, states, county or country you have lived in:**  
 \_\_\_\_\_

**Have you ever been convicted of a crime?**      **Circle One: YES      NO**

**If YES, please complete the following:**

Date of conviction and Sentence: \_\_\_\_\_

Offense: \_\_\_\_\_

List City, County and State where you were convicted: \_\_\_\_\_

Other information regarding convictions: \_\_\_\_\_

DRIVING RECORD CHECK

Drivers License Number \_\_\_\_\_ Issued by State of \_\_\_\_\_ Expiration \_\_\_\_\_

Does your job description include driving company/agency vehicles?      **Circle one: YES      NO**

Are you required to use your own vehicle for the company/agency?      **Circle one: YES      NO**

Name of Insured Driver on the primary Vehicle you use: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**Coverage Limits**      Per Person \_\_\_\_\_      Per Accident \_\_\_\_\_      Property Damage \_\_\_\_\_

Please list all accidents/violations you have had as a driver in the past **three** years:

A=Accident V=Violation	Type	Date	Brief Description

In accordance with the Fair Credit Reporting Act, you have a right to make a request within a reasonable period of time, a complete disclosure of the nature and scope of any motor vehicle report which is requested by Metropolitan Family Service.