



Baltimore County Executive John A. Olszewski, Jr.
and the County Council

BALTIMORE COUNTY DEPARTMENT OF AGING VOLUNTEER REGISTRATION FOR- SENIOR CENTERS (55 +)



VOLUNTEER INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
ADDRESS:			CITY:		STATE:
HOME PHONE:		OTHER PHONE:		EMAIL:	
BIRTH DATE:		GENDER: M <input type="checkbox"/> F <input type="checkbox"/> GENDER FLUID <input type="checkbox"/> PREFER NOT TO ANSWER <input type="checkbox"/>			
RACE: BLACK <input type="checkbox"/> NATIVE AMERICAN/ALASKAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/>					
ETHNICITY: HISPANIC/ LATINO YES <input type="checkbox"/> NO <input type="checkbox"/>			ARE YOU A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CRIMINAL BACKGROUND

RSVP of Baltimore County conducts both a Maryland Judiciary Case Search and National Sex Offender search on volunteers registering with RSVP. Volunteers who have either been convicted of a felony or are registered on the state or National Sex Offender registries cannot register with RSVP.

Have you ever been convicted of a felony? YES NO

If yes, explain fully:

DESIGNATION OF INSURANCE BENEFICIARY

NAME:	RELATIONSHIP:
ADDRESS:	ZIP:
PHONE:	

EMERGENCY CONTACT

NAME:	PHONE:
RELATIONSHIP:	

AUTHORIZATION

Upon receipt of this application, RSVP will send a copy of the volunteer handbook, which will serve as your orientation.

By signing below, you acknowledge that you will review the handbook and contact the RSVP office at 410-887-3101 if you have questions; you certify that all information on this registration application is true; and you affirm that you are at least 55 years of age.

VOLUNTEER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

RSVP PROGRAM AUTHORIZED SIGNATURE: _____	DATE: _____
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