



**PADUCAH/MCCRACKEN
RETIRED & SENIOR
VOLUNTEER PROGRAM**
- VOLUNTEER INTEREST FORM -



Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Please contact me about RSVP events or volunteer opportunities by:

Phone Mail Email

Please DO NOT contact me for future volunteer opportunities.

To help us provide you with volunteer opportunities that complement your skills, talents, and interests, please check off any categories which pertain to your interests, skills, and experience.

I am interested to also volunteer at special events (i.e. fundraising events).

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> E-Homes Program |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Environmental Projects |
| <input type="checkbox"/> Clerical/Office work | <input type="checkbox"/> Electrical Repairs |
| <input type="checkbox"/> Assisting Disabled Adults/Children | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Boot Scooters ("Line Dancing") | <input type="checkbox"/> Food Bank Volunteer |
| <input type="checkbox"/> Business Tutoring / Mentoring | <input type="checkbox"/> Fundraising / Donations |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Child Care Asst. | <input type="checkbox"/> Handyman Projects |
| <input type="checkbox"/> Counselors | <input type="checkbox"/> Handwritten Letters |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Health Insurance Counseling |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> History |
| <input type="checkbox"/> Disaster Training / Preparedness | <input type="checkbox"/> Hospital Volunteer |
| <input type="checkbox"/> Income Tax Assistance | <input type="checkbox"/> Reading to Adults/Children |

- | | |
|---|--|
| <input type="checkbox"/> Information Desk Support | <input type="checkbox"/> Recreation Leader |
| <input type="checkbox"/> Law | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Library Aide | <input type="checkbox"/> Red Cross Volunteer |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Security Assistant |
| <input type="checkbox"/> Mentoring / Tutoring | <input type="checkbox"/> Senior Advocate |
| <input type="checkbox"/> Medical Field / Pharmacy | <input type="checkbox"/> Senior Center Volunteer |
| <input type="checkbox"/> Music | <input type="checkbox"/> Senior Medicare Program |
| <input type="checkbox"/> Others | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Toys for Tots |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> WEB Design |
- I have special certification(s) or training(s) I want to use.**

Do you have a particular age group you would prefer to work with?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Grades K-6 | <input type="checkbox"/> Middle Age |
| <input type="checkbox"/> Grades 7-12 | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> College | <input type="checkbox"/> No Preference / All Ages |

What days of the week are you available?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Flexible / No Preference |

Date

Signature

Please send Form to:



RSVP of Paducah/McCracken County
 1400 H.C. Mathis Drive • Paducah, KY 42001
 Phone: (270) 442-8993 • Fax: (270) 443-8609