



Make Our Communities Great Again!

Volunteer Interest Form

RSVP of SI

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Please contact me about RSVP events or volunteer opportunities by (check all that applies):

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 that pertain to your interests, skills, and experience.

- | | |
|---------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Arts & Crafts Leader | <input type="checkbox"/> Hospital Volunteer |
| <input type="checkbox"/> Assisting Disabled Adults / Children | <input type="checkbox"/> Income Tax Assistance |
| <input type="checkbox"/> Baking / Cooking | <input type="checkbox"/> Library Aide |
| <input type="checkbox"/> Business Tutoring/ Mentoring | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Clerical / Office work | <input type="checkbox"/> Medicare Assistance |
| <input type="checkbox"/> Companion for homebound | <input type="checkbox"/> Mentoring Children |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Reading to Children / Adults |
| <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> Recreation Leader |
| <input type="checkbox"/> Electrical Repairs | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Environmental Projects | <input type="checkbox"/> Red Cross Volunteer |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Senior Center Volunteer |
| <input type="checkbox"/> Food Bank Volunteer | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Fundraising/ Donations | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Toys for Tots |
| <input type="checkbox"/> Repair Person | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Handwritten Letters | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Insurance Counseling | |

I have special Certification(s) or Training(s) I want to use.

Explain: _____

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

- Grades K-6 Middle School Grades 9-12
 Senior Adults Veterans No Preferences / All Ages

What days of the week are you available?

- Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday Flexible / No Preference

What is your preferred time of the day?

- Mornings Midday Evenings Flexible / No Preference

Date: _____

Signature: _____

Please return to:

RSVP of SI
c/o Egyptian Area Agency on Aging
200 E. Plaza Dr.
Carterville, IL 62918

Email: RSVP@Egyptianaaa.org
Telephone: 1.618.985.8311
Toll-Free: 1.888.895.3306
Fax: 1.618.985.8315