

RSVP of Sullivan County of Sullivan
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RSVP

RETIRED AND SENIOR VOLUNTEER PROGRAM
Sponsored by Sullivan County Office for the Aging
100 North Street, Monticello, NY 12701 * (845) 807-0241



RSVP Advisory Council Membership Application

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Age Group: (circle one) under 30 30-54 55-64 65+

Ethnicity: (circle one) White Black Hispanic American Indian
Asian/Pacific Islander Two or more Races Other

Veteran/Military Status: (circle all that are applicable)

Veteran Spouse of Veteran Family Member of Veteran
Family Member of Active Military Member Active Military

Do you have a disability: (circle one) Yes No

Current/Past Employer:

Work Experience: (please circle and describe below)

Business Clergy Education Government
Non-Profit Management Professions

Special Skills: (please circle all that are applicable)

Administration Advertising Board Leadership Budget/Finance
Community Contacts Fundraising Legal Marketing Planning
Programmatic Public Relations Services Social Work Volunteer Management

Other: _____

Hobbies/Special Interests:

Civic Involvements (current/past): _____

Leadership Experience:

Organization	Office Held	Committees
_____	_____	_____
_____	_____	_____

What do you hope to contribute as an RSVP Advisory Council Member?

What do you wish to gain as a result of your work with the RSVP Advisory Council?

Are you a current RSVP Volunteer: (please circle) Yes No

Signature: _____

Date: _____