

RISA VOLUNTEER FORM

ROOSEVELT ISLAND SENIOR ASSOCIATION

546 Main Street, New York, NY 10044

Email: info@RIRA.org

Telephone:

PERSONAL DATA

First Name: _____ Short Name: _____

Last Name: _____ Birth Date: _____

Roosevelt Island Address: Bldg No. _____ Apt No. _____

Contact address: Phone _____ Mobile _____

Email _____

Do you have a disability?

Do you have a driver's license?

VOLUNTEER INVOLVEMENT:

Previous volunteer experience _____

If Retiree, past occupation _____

Other information that will help us make a good match (eg education, general interest/hobbies

Languages spoken: _____

Availability and Volunteer Assignment Preferences

Check all that is applicable:

Mornings (Mon-Fri) _____ Afternoons (Mon-Fri) _____ Evenings (Mon-Fri) _____

Weekends _____ Once a Week _____ More than once a week _____

One time only _____ As needed _____ Other _____

Signature

Date