

**Appendix 4: SAMPLE FORM**  
Projects are encouraged to customize as appropriate.  
All project forms should comply with Senior Corps requirements as well as grantee policies.

Sponsor Logo Here

**ABC COUNTY RSVP**  
**Mailing Address:** PO Box 123, Our Town, XX 81234  
**Physical Address:** 123 State St., Our Town, XX 81234  
**Telephone:** (555) 555-1234  
**Fax:** (555) 555-5555



**Volunteer Assignment Description**

**Volunteer Station:** \_\_\_\_\_  
**Title of Volunteer Assignment:** \_\_\_\_\_

Basic volunteer duties involved with this assignment:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Who will be served by this assignment?

\_\_\_\_\_  
\_\_\_\_\_

What is the anticipated benefit of this volunteer service to those receiving the service?

\_\_\_\_\_  
\_\_\_\_\_

What specific skills will the volunteer need? (Include any requirements for lifting, standing, or other physical requirements.)

\_\_\_\_\_  
\_\_\_\_\_

Name of person providing this information: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance by RSVP Project Staff: \_\_\_\_\_ Date: \_\_\_\_\_