

MEMBERSHIP APPLICATION

RSVP OF SOUTH CENTRAL TEXAS AMERICA READS PROGRAM

1000 W. Court St., Seguin, TX 78155

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**PLEASE PRINT**

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell: \_\_\_\_\_

Please check all that apply to you: (This data is for statistical purpose only and is voluntary)

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Gender:  Male  Female

Marital Status:  Single  Married  Widowed

Race/Ethnicity:  Black  White  Hispanic  American Indian  Other Ethnicity

Retired military/Veteran:  Yes  No Special needs: \_\_\_\_\_

I am now volunteering at: \_\_\_\_\_

I would like to volunteer at (name of school): \_\_\_\_\_

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**\*RSVP Volunteers may not engage in any of the following while engaging in volunteer activities:**

1) Election-related activities, 2) Voter registration, 3) Voter transportation to polls, 4) Efforts to influence legislation, 5) Activities which would otherwise be performed by a paid worker, 6) Proselytization, religious instruction, or conduct worship services, as part of the services funded under the CNCS federal grant.

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Volunteer Signature

Date

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Program Director Signature

Date