



# Mayflower RSVP

The Retired and Senior Volunteer Program for Plymouth County  
A Program of OCES



**RSVP Service Partner Application / Renewal**

*The following information is needed to determine whether your agency is eligible to be an RSVP Service Partner per our federal guidelines. Mayflower RSVP serves Plymouth County, MA.*

Name of Organization	Name of Contact
Address (Street & PO Box)	Title of Contact
City	Telephone #
State	Fax #
Zipcode	Website
Email	

Check which of the following best describes your organization:

Non-Profit with EIN# \_\_\_\_\_       Other (describe): \_\_\_\_\_  
 Public Agency of the following: \_\_\_\_\_  
(Town, County, State)

Does your agency have documentation showing compliance with the Federal Standards for Handicap Accessibility?  If so, where is it located? \_\_\_\_\_

Briefly describe your agency's mission and your target client population: \_\_\_\_\_

List each Volunteer Opportunity and how it relates to your mission (use reverse if needed):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Supervision & support for each assignment will be arranged by: \_\_\_\_\_  
Name/Title

Check as many of the following direct services to RSVP Volunteers your agency can offer:

Volunteer's Meal @ \$\_\_\_\_\_ (value)       Meeting Space for up to \_\_\_\_\_ (#)

Does any portion of the volunteer's meal come from Federal Sources?  No  Yes  
 If yes, (describe):

Reimbursement of Volunteer's Travel Expenses (describe): \_\_\_\_\_       CORI Checks / Value \$\_\_\_\_\_ you obtain for your volunteers

For Requesting Agency

For Mayflower RSVP

\_\_\_\_\_  
Signature/Title of Executive Officer

\_\_\_\_\_  
Volunteer Programs Manager

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

\_\_\_\_\_  
Disposition:

\_\_\_\_\_  
Date of Request:

\_\_\_\_\_  
Date of Disposition: