



FOR OFFICE USE ONLY! Station(s) _____ Assignment(s) _____ Date Assigned: ___/___/___ Computer Entry: ___/___/___ By: _____
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VOLUNTEER REGISTRATION FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Are you a Veteran? ___ Yes ___ No Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes ___ No ___

If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes ___ No ___ If Yes, please attach a copy of your license and proof of auto insurance showing active coverage. RSVP must maintain current documentation for reimbursement. Updated copies of insurance will be requested every 6 months. Updated copies of your license will be requested when it expires.

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

The following information is optional and will not affect your enrollment with Senior Connections RSVP

1. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
RSVP logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

2. RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

(Optional) Gender:

_____ Male

_____ Female

(Optional) Race/Ethnic Background:

___ White ___ Asian ___ African-American ___ Hispanic/Latino

___ American Indian/Alaska Native ___ Pacific Islander ___ Other

3. How did you learn about RSVP?

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, Senior Connections, The Capital Area Agency on Aging or the Corporation of National and Community Service.