

# RSVP Enrollment Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ State ZIP \_\_\_\_\_

Social Security# \_\_\_\_\_ Email \_\_\_\_\_

(optional)

How did you hear about RSVP? \_\_\_\_\_

Physical/ Medical Limitations \_\_\_\_\_

Do you have a car?  Yes  No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Needed for Excess Automobile Liability Insurance**

**If claiming mileage reimbursement, please include a copy of your proof of insurance.**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary for RSVP Supplemental Accident Insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Experience \_\_\_\_\_

Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Preferred volunteer assignments:

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

Availability \_\_\_\_\_

Can we call you for special assignments or new opportunities?  Yes  No

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
RSVP Staff

\_\_\_\_\_  
Date