

**RETIRED AND SENIOR VOLUNTEER PROGRAM  
 REGISTRATION FORM**

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Legal Name: (Mr./Mrs./Ms.) \_\_\_\_\_  
 Last Middle First

Mailing Address: \_\_\_\_\_  
 Street Apt. City State Zip Code

Contact: \_\_\_\_\_  
 Area Code-Telephone Area Code-Mobile Email

Emergency Contact: \_\_\_\_\_  
 Full Name Relationship Area Code-Telephone

Ethnicity:  African American  Asian, Pacific Islander  Caucasian  Hispanic  Native American  Other

Time Available:  Morning  Afternoon  Evening  Other, specify: \_\_\_\_\_

Day(s) Available:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Physical Limitations:  No heavy lifting  Limited standing  Other, specify: \_\_\_\_\_

Education/Experience/Training/Skills/Interests: \_\_\_\_\_

***FREE SUPPLEMENTAL INSURANCE for RSVP VOLUNTEERS ONLY:***

RSVP provides volunteers with accident, personal liability, and excess automobile liability insurance. The following information is needed for program information/insurance coverage:

**RSVP SUPPLEMENTAL ACCIDENT INSURANCE – BENEFICIARY INFORMATION**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip Code

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

**Voluntary Donation of Services:** I understand that registration with RSVP does not restrict my choice of volunteer jobs. I am free to accept or reject any volunteer placement offered to me. I give my permission to RSVP to release the information on this form to the agency where I select to volunteer.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR RSVP OFFICE USE ONLY**

Volunteer Station Assignment	Duties	Start Date