RSVP

Lead With Experience

*Date received:*_____

*Staff initials:*_____

VOLUNTEER ENROLLMENT FORM

Please Print

Name: (Last, First, MI)	**Today's Date:**	**Birth Date:**
Address:	**County:**	
City:	**State:**	**ZIP:**
Phone (Home):	**Phone (Cell):**	
Email:		

How do you plan to travel to your volunteer opportunity? (Please check)

☐ **Drive** ☐ **Work in home** ☐ **Bus/Metro Mobility** ☐ **Walk**

Complete the following if you plan to drive:

Driver's License No. _____

Insurance Company: _____**Policy Number:** _____

Statement of Coverage:

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the State of Minnesota.

Please Initial: _____ **Date:** _____

All RSVP volunteers are covered by our supplementary insurance, free of charge. Please list your beneficiary for RSVP Accident Insurance:

Name: _____ **Relationship:** _____

Address: _____

Phone (H): _____ **(W):** _____

In the event of an emergency, please contact:

Name: _____ **Relationship:** _____

Address: _____

Phone (Day): _____ **(Evening):** _____

Are you currently volunteering? ☐ **YES** ☐ **NO**

If yes, please list agency name and job duties:

Please Continue on the Back

Do you have any health or physical limitations? ☐ **YES** ☐ **NO**
If yes, what are your limitations?
_____

Most Recent Employer/Company retired from: _____
Occupation: _____

Do you have any interests or skills that you would like to use as a volunteer?

Would you be interested in being on-call for one-time special events or occasional bulk mailings?
☐ **Special Events** ☐ **Bulk Mailings**

How did you hear about RSVP/Experience Corps?
_____

Do you know anyone over 55 years of age who would be interested in volunteering? ☐ **YES** ☐ **NO**
If so, please list their name and phone number:
Name: _____ **Phone number:** _____

Have you ever been convicted of a crime? ☐ **YES** ☐ **NO** **If yes, describe the nature of the crime:**
_____

Is there anything else you wish to share with us?
_____

By signing this form I hereby acknowledge that the information on this form is true and complete to the best of my knowledge, and I understand that RSVP will complete a background check prior to my enrollment.

Signature: _____

Please mail or fax the application back to the RSVP office so that one of our volunteer coordinators can begin working with you to find the volunteer opportunity that is right for you. THANK YOU.

The following information is optional. Our funding sources require that we report as able. The information is submitted in totals only, not by individual. RSVP pledges to protect the confidentiality of all information. We appreciate cooperation in answering the following questions. Thank you.

Gender: ☐ Male ☐ Female
Race/Ethnic Group: ☐ Asian or Pacific Islander ☐ Hispanic
☐ African American ☐ Native American
☐ Caucasian (white) ☐ Other _____

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