RSVP VOLUNTEER ENROLLMENT FORM

Ms.
Mrs. (circle one)Phone:Phone:PAddress:
Email address (this information will remain private):
Birth date: Sex: M_ F_ Marital status:
Race: White, Hispanic, American Indian or Alaskan native, Asian, Black or African American Native Hawaiian or Pacific Island
Do you drive to volunteer work? No_Yes_, Driver's license #Expires?
Name of your auto insurance agency?
Are you currently volunteering? No_ Yes_, Where?
Preferred volunteer assignments:
Time/Days available: Any physical limitations? No_ Yes_
If yes, please explain:
Special interests or skills:
Previous work experience: Foreign Languages spoken:
Military Veteran? No Yes Family Member of a Military Veteran? No Yes
Referred to RSVP by:
BENEFICIARY FOR RSVP ACCIDENT INSURANCE (This insurance is provided as a benefit to membership in RSVP at NO cost to you.) Name of beneficiary: Phone () Address: Relationship:
Name of person to notify in case of emergency:
Relationship: Phone: () Please Note: To keep membership and insurance coverage current, you are responsible for reporting
Please Note: To keep membership and insurance coverage current, you are responsible for reporting your hours each month to the Volunteer Station Chairperson OR by mail to the RSVP office.
Your Signature (Insurance not valid until signed)
Date: Date: Date:
MAIL FORM TO: RSVP/TTUHSC/Garrison Institute on Aging, 6630 S. Quaker Ave., Suite E,

RSVP

Responding to the needs in our community



RSVP was created especially for people aged 55 years or older who have a lifetime of experience to share with their local community. The goal of RSVP is to utilize the interests, skills and abilities of this growing population by providing stimulating opportunities for personal development through placement in satisfying and rewarding positions in volunteer service areas.