

**RETIRED SENIOR VOLUNTEER PROGRAM  
VOLUNTEER REGISTRATION**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP CODE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY:** \_\_\_\_\_

**PHYSICAL CONDITIONS THAT MAY NEED CONSIDERATION;** \_\_\_\_\_

**PREVIOUS WORK OR OCCUPATION:** \_\_\_\_\_

**EDUCATION:** \_\_\_\_\_ **OTHER LANGUAGES YOU SPEAK:** \_\_\_\_\_

**SPECIAL SKILLS, TRAINING, INTERESTS, OR HOBBIES THAT YOU WOULD BE WILLING TO  
SHARE:** \_\_\_\_\_

**ARE YOU CURRENTLY VOLUNTEERING?** \_\_\_\_\_ **WHERE?** \_\_\_\_\_

**WILL YOU NEED TRANSPORTATION TO YOUR VOLUNTEER SITE?** \_\_\_\_\_

**TYPE OF ASSIGNMENT YOU ARE INTERESTED IN: (MAY CHECK ALL THAT APPLY)**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> TRANSPORTATION          | <input type="checkbox"/> FRIENDLY VISITNG          | <input type="checkbox"/> MAILINGS     |
| <input type="checkbox"/> ENTERTAINMENT           | <input type="checkbox"/> ELDERLY MEALS (ON WHEELS) | <input type="checkbox"/> LIBRARY      |
| <input type="checkbox"/> SEWING/MENDIN           | <input type="checkbox"/> TEACHER'S AID             | <input type="checkbox"/> CLERICAL     |
| <input type="checkbox"/> PHONE REASSURANCE       | <input type="checkbox"/> ELEMENTARY SCHOOLS        | <input type="checkbox"/> TYPING       |
| <input type="checkbox"/> SPECIAL PROJECTS        | <input type="checkbox"/> IN-HOME CARE              | <input type="checkbox"/> MENTORING    |
| <input type="checkbox"/> LIGHT MAINTENANCE       | <input type="checkbox"/> LITERACY                  | <input type="checkbox"/> FUNDRAISING  |
| <input type="checkbox"/> LIGHT HOME REPAIR       | <input type="checkbox"/> AFTER SCHOOL PROGRAMS     | <input type="checkbox"/> GIFTWRAPPING |
| <input type="checkbox"/> NURSING HOME ACTIVITIES | <input type="checkbox"/> RECYCLING                 | <input type="checkbox"/> THRIFT ROOM  |

**OTHER:** \_\_\_\_\_

**WHERE DID YOU HEAR ABOUT THE RETIRED SENIOR VOLUNTEER PROGRAM?** \_\_\_\_\_

**VOLUNTEER REGISTRATION FORM**

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**AT NO COST TO YOU, THE RETIRED & SENIOR VOLUNTEER PROGRAM PROVIDES EXCESS INSURANCE ON ALL VOLUNTEERS THAT ARE REGISTERED AND ACTIVELY TURNING IN THEIR TIME SHEETS. SHOULD YOU BE INVOLVED IN AN ACCIDENT, WHILE VOLUNTEERING, WHERE YOUR OWN PERSONAL COVERAGE ENDS, OURS WILL PICK UP SO YOU WILL NOT INCURE ANY OUT OF POCKET EXPENSES. SHOULD YOU BE IN AN ACCIDENT THAT MAY RESULT IN YOUR DEATH, IT IS NECESSARY FOR YOU TO IDENTIFY A BENEFICIARY FOR THIS INSURANCE.**

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**BENEFICIARY FOR RSVP ACCIDENT INSURANCE**

**NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

\_\_\_\_\_  
**VOLUNTEER SIGNATURE**

\_\_\_\_\_  
**RSVP DIRECTOR**

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**EXCESS AUTO INSURANCE**

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_

**STATE ISSUED BY:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE/DATE**

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**I UNDERSTAND THAT I AM VOLUNTEERING MY SERVICES THROUGH THE RETIRED & SENIOR VOLUNTEER PROGRAM. I UNDERSTAND THAT I AM NOT A PAID EMPLOYEE OF THE RETIRED SENIOR VOLUNTEER PROGRAM.**

\_\_\_\_\_  
**VOLUNTEER SIGNATURE**