



# Retired & Senior Volunteer Program

## Volunteer Enrollment and Insurance Form

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### **Insurance**

Automobile Insurance Company \_\_\_\_\_

Last Renewal Date \_\_\_\_\_

### **Beneficiary of RSVP Accident Insurance**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**I am currently volunteering at** \_\_\_\_\_

\_\_\_\_\_

### **How did you learn about RSVP? (Please mark the box that applies)**

- An Organization (Please List) \_\_\_\_\_
- Current Member (Please List) \_\_\_\_\_
- Other: \_\_\_\_\_

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

**RSVP Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PLEASE RETURN TO:**

**Volunteer Center of Johnson County**