



Retired & Senior Volunteer Program

Volunteer Update Form

Please complete this form in its entirety. If something is not applicable please signify with N/A.

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact

Name _____ Phone (____) _____

Address _____

Insurance

Health Insurance Company _____

Automobile Insurance Company _____

Beneficiary of RSVP Accident Insurance

Check here if same as emergency contact

Name _____ Phone (____) _____

Address _____

By signing below, I agree that this information is correct to the best of my knowledge. I understand it is my responsibility to notify RSVP if and when this information changes.

Volunteer Signature _____ **Date** _____

RSVP Director Signature _____ **Date** _____

Volunteer Center of Johnson County

Metcalf South Mall – Third Floor, 9707 Metcalf, Overland Park, KS 66212
(913) 341-1792 Fax (913) 341-0275 Web Site www.vcjc.org