

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: _____			
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): _____	
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 agree that if I use my personal automobile to travel 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: _____	

How did you hear about RSVP?

Are you currently volunteering? YES NO

If yes, please list agency name and job duties:

Please Continue on the Back ↓

What interests or skills would you like to use as a volunteer?

Are you employed? Yes No

Employer/company retired from: _____

Occupation: _____

Are you a military veteran? Yes No **My spouse is a veteran** **I'm a widow/er of a veteran**

Are you interested in being on-call for one-time special projects, or serving as an RSVP Ambassador?

Special Projects

RSVP Ambassador

Do you have any health concerns or physical limitations we should know about? **YES** **NO**

If yes, what are your limitations?

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

Is there anything else you wish to share with us?

Do you know anyone over 55 who would be interested in volunteering? **YES** **NO**

If so, please list their name and phone number:

Name: _____ **Phone number:** _____

Please sign:

I confirm that the information on this form is true and complete to the best of my knowledge.

I understand and agree that RSVP will conduct a criminal background check.

Signature: _____

Please mail, scan and email, or fax this signed form back to RSVP so that we 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 your 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 _____

Greater Twin Cities RSVP

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East Metro: 612-704-6116
Fax: 888.657.4993



Corporation for
**NATIONAL &
COMMUNITY
SERVICE**



East Central Minnesota RSVP

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