



*For RSVP staff use:*

Date received: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Staff initials: \_\_\_\_\_

## VOLUNTEER ENROLLMENT FORM

**Please Print**

<b>Name:</b> (Last, First, MI)		<b>Today's Date:</b>	<b>Birth Date:</b>	<b>Age:</b>
<b>Address:</b>		<b>County:</b>		
<b>City:</b>		<b>State:</b>	<b>ZIP:</b>	
<b>Phone (Home):</b>		<b>Phone (Cell):</b>		
<b>Email:</b>				
<b>How did you hear about RSVP?</b>				
<b>What kind of volunteer work are you interested in? Are there specific interests or skills would you like to share as a volunteer?</b>				
<p>Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes, please list agency(ies) name and job duties:</p>				
<b>Current/past occupation(s):</b>				
<b>Current/past employer(s):</b>				
<p>Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> My spouse is a veteran    <input type="checkbox"/> I'm a widow/er of a veteran    <input type="checkbox"/> I have a service member in my family</p>				
<b>In the event of an emergency, please contact:</b>				
<b>Name:</b> _____		<b>Relationship:</b> _____		
<b>Address:</b> _____				
<b>Phone (Day):</b> _____		<b>(Evening):</b> _____		

**Please Continue on the Back ↓**

Because all RSVP volunteers receive free supplemental insurance and the option of reimbursement for travel, the following information is requested.

**Please list your beneficiary for RSVP Accident Insurance:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

How do you plan to travel to your volunteer opportunity? (Please check)

Drive       Work in home       Bus/Metro Mobility       Walk

**Please 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: \_\_\_\_\_

**Statement of Authorization to use photographs: Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_**

I authorize Volunteers of America MN/WI (VOA MN/WI) and its affiliates to use and publish photographs or other likeness of me, my name, and descriptions of my service as a volunteer for whatever purpose VOA MN/WI deems appropriate. I hereby do waive any claims that I may have which may arise at any time in connections with the authorization given or the use or publication of such photographs or other likeness of me, my name, give up all rights to receive payment, do not limit on the period of time in which the photographs or videos may be used, and descriptions of my service by VOA MN/WI or its affiliates, I hereby release VOA MN/WI and its present and past officers, directors, managers, employees, agents, and affiliates, from all such claims and any and all related injury and damage

**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 at below address.**

**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:** \_\_\_\_\_  Asian or Pacific Islander  Hispanic  
 African American  Native American  
**Race/Ethnic Group:**  Caucasian (white)  Other \_\_\_\_\_

**Greater Twin Cities RSVP**  
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