

# RSVP Volunteer Program



**AmeriCorps  
Seniors**

*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>				

**How did you hear about RSVP?**

**What kind of volunteer work are you interested in? Are there specific interests or skills would you like to share as a volunteer?**

**Are you currently volunteering?**  Yes  No

**If yes, please list agency(ies) name and job duties:**

**Current/past occupation(s):**

**Current/past employer(s):**

**Are you a military veteran?**  Yes  No

My spouse is a veteran  I'm a widow/er of a veteran  I have a service member in my family

**In the event of an emergency, please contact:**

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

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

**Phone (Day):** \_\_\_\_\_ **(Evening):** \_\_\_\_\_

**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 (VOA) 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 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, and descriptions of my service by VOA or its affiliates, I hereby release VOA 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 read:**

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 scan and email, fax, or mail this signed form back to RSVP at address below.  
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**  
Volunteers of America of MN  
3333 N. 4th St.  
Minneapolis, MN 55412  
**West Metro:** 612-704-6114  
[dagmar.koch@voamn.org](mailto:dagmar.koch@voamn.org)  
**East Metro:** 612-704-6116  
[jkoschak@voamn.org](mailto:jkoschak@voamn.org)  
**Fax:** 888.657.4993

**RSVP Volunteer Program**



**East Central Minnesota RSVP**  
Volunteers of America of MN  
38 N. Union St.  
Mora, Minnesota 55051  
**Tel:** 612-390-5218  
[mmendyke@voamn.org](mailto:mmendyke@voamn.org)  
**Fax:** 888.657.4993