# VOLUNTEER ENROLLMENT FORM

Please Print

<table>
<thead>
<tr>
<th>Name: (Last, First, MI)</th>
<th>Today’s Date:</th>
<th>Birth Date:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>County:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
<td></td>
</tr>
</tbody>
</table>

Phone (Home): Phone (Cell):

Email:

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: ____________________________

Is there anything else you would like us to know about you?

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: ___________

Race/Ethnic Group:  ☐ Asian or Pacific Islander  ☐ Hispanic
☐ African American  ☐ Native American
☐ Caucasian (white)  ☐ Other ______________