



For RSVP staff use:

Date received: _____

Date enrolled: _____

Staff initials: _____

VOLUNTEER ENROLLMENT FORM

Please Print

Name: (Last, First, MI)		Today's Date:	Birth Date:	Age:
Address:		County:		
City:		State:	ZIP:	
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)			
<input type="checkbox"/> Drive	<input type="checkbox"/> Work in home	<input type="checkbox"/> Bus/Metro Mobility	<input type="checkbox"/> 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:	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
	<input type="checkbox"/> Caucasian (white)	<input type="checkbox"/> Other _____

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