

Coulee Region Retired & Senior Volunteer Program

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VOLUNTEER ENROLLMENT FORM



Lead With Experience
Get Involved!



NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____ DATE OF BIRTH ___/___/___

EMAIL ADDRESS _____

ANY PHYSICAL LIMITATIONS: YES ___ NO ___ Describe: _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

*Please list someone with a different phone number than your own.

ADDRESS _____ PHONE _____

BENEFICIARY FOR RSVP SUPPLEMENTAL ACCIDENT INSURANCE _____

IF YOU DO NOT WANT TO NAME A BENEFICIARY INITIAL HERE: _____

ADDRESS _____

PHONE _____ EMAIL ADDRESS _____

EMPLOYMENT _____

PAST VOLUNTEER EXPERIENCE _____

ARE YOU CURRENTLY VOLUNTEERING: YES ___ NO ___

IF YES, WHERE: _____

TIME AVAILABLE: AM ___ PM ___ DAYS AVAILABLE _____

HOW DID YOU LEARN ABOUT RSVP?: _____

I give my permission for RSVP to perform a background check YES ___ NO ___

RSVP does not discriminate against volunteers, employees, or in the operation of any of its programs on the basis of race/ethnicity; color; national origin, including individuals with limited English proficiency; sex; age; political affiliation; religion; or on the basis of disability.

Coulee Region RSVP retains all volunteer information in the strictest confidence. Personal information is not shared, transferred or sold to any third party.

I volunteer my services to the Coulee Region RSVP Program and understand that I am not an employee of Coulee Region RSVP or Friends of Coulee Region RSVP, Inc. I also hold harmless Coulee Region RSVP, their employees and sponsors from any and all liability resulting from any personal injury received during the course of my volunteer activities. By signing below I give my permission to RSVP to use my name and/or picture in news stories, newsletters, news releases, etc. to help promote RSVP.

Signature of Volunteer

Date

Signature of RSVP Director

Date

