

RSVP Enrollment Form

County of Residence _____

Name _____ **Phone** _____

Street/PO Box _____

City, State, Zip+4 _____ **Rent or Own** _____

Volunteer Site(s) _____

Birthdate _____ **Township of Residence** _____

Social Security Number _____

Names of others in your household _____

His/Her Birthdate _____

Type of transportation you will use to arrive at your volunteer site (✓ all that apply):
_____ **Drive** _____ **Walk** _____ **Ride with others** _____ **Taxi or Bus**

If you drive,
Your Drivers' License Number _____
and
Auto Insurance Company _____

Beneficiary for Life Insurance Benefit provided by RSVP _____

City, State, Phone Number of Beneficiary _____

Emergency Contact _____ **His/Her Phone** _____

Your prior occupation _____

Your general interests _____

Handicap or Disability _____ **Yes** _____ **No** _____ **If yes, specify** _____

Volunteer Receives _____ **Nametag** _____ **Pin** _____ **Handbook** _____ **Information Packet** _____

I hereby understand that I am not an employee of West Central Minnesota Community Action, Inc. If I use my car in volunteer service, I will keep in effect the State Minimum Automobile Liability Insurance. Reimbursements requested from RSVP will be for actual cost of meals and transportation to and from volunteer service.

Volunteer Signature _____ **Date** _____

Staff Signature _____ **Date** _____