



RSVP of the Central Coast

www.rsvpcentralcoast.org

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ENROLLMENT FORM

LAST NAME			FIRST NAME			MI	TELEPHONE No.
STREET ADDRESS			CITY	STATE	ZIP	DATE OF BIRTH MONTH DAY YR	
MALE	FEMALE	IN EMERGENCY NOTIFY			RELATIONSHIP		TELEPHONE No.
E-MAIL ADDRESS:					FAX NUMBER:		
CELL PHONE NUMBER:			PAGER NUMBER:		WORK PHONE NUMBER:		EXT:

WORK EXPERIENCES

EDUCATION, LICENSES, and/or SPECIALIZED TRAINING

FOREIGN LANGUAGES SPOKEN

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HOBBIES, ORGANIZATIONS, CLUBS

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CURRENT VOLUNTEER SERVICE

PREVIOUS VOLUNTEER SERVICE

CLERICAL

TYPING	YES		NO	
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COMPUTERS	YES		NO	
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AVAILABLE FOR ONE TIME OR SHORT TERM ASSIGNMENT?

YES NO

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Do you have any physical conditions that may limit your assignment? Explain below.

ARTHRITIS	HEART	LUNGS	VISION	HEARING	STANDING	SITTING	WALKING
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(The following information is required for RSVP insurance coverage)

DESIGNATION OF BENEFICIARY

(RSVP Accident Insurance)

NAME	RELATIONSHIP	ADDRESS

AUTOMOBILE INSURANCE

DRIVER'S LICENSE No.	AUTO INSURANCE CO.	POLICY No.	EXPIRATION DATE
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MUTUAL UNDERSTANDING

A. I _____ volunteer my services through **Retired & Senior Volunteer Program**
(PLEASE PRINT YOUR NAME CLEARLY)

(RSVP) of the Central Coast, and I understand that I am not an employee of RSVP or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the liability and supplemental insurance provided only to Volunteers enrolled in RSVP. Reporting of hours may be done on a workstation roster or on a completed monthly report "Volunteer Hours Log" form and mailed, e-mailed, telephoned or FAX'd to the RSVP office.

NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to RSVP by the 10th of each month for the preceding month. Station coordinator signature is required on log sheet to qualify for reimbursement.

If no reimbursement is requested the mileage can be donated to RSVP as an in-kind donation, and based on individual tax situations may qualify for a deduction.

I understand and agree with the above statements: _____
(VOLUNTEER SIGNATURE) (DATE)

Referred by: _____

FOR RSVP USE ONLY:

Workstation (s) Assigned: _____ Date Assigned: _____

(SIGNATURE OF RSVP COORDINATOR)

(DATE)

(SIGNATURE OF RSVP DIRECTOR)

(DATE)

CONTENTS OF THIS FORM ARE TO BE HANDLED AS CONFIDENTIAL IN ACCORDANCE WITH THE PRIVACY ACT OF 1974