



RSVP

VOLUNTEER REGISTRATION

DO NOT WRITE IN THIS SECTION - FOR RSVP OFFICE USE ONLY

DATE STARTED ____/____/____ VOLUNTEER NUMBER **V**-_____

TIMESHEET DESTINATION HOME [] STATION [] OTHER _____

STATION _____

JOB NUMBER **J**-_____ JOB PREFIX _____ JOB DESCRIPTION _____

PACKET PROVIDED > YES / NO NEWSLETTER SUBSCRIBER > YES / NO

NAME BADGE NAME _____ RSVP REFERRAL SOURCE _____

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VOLUNTEER INFORMATION

(PLEASE PRINT)

Name _____ Male [] Female [] Birth Date ____/____/____

Address _____ 2nd Address _____

City _____ State _____ ZIP Code _____

County _____ Township _____ Home Phone (____) _____

Cell Phone (____) _____ Work Phone (____) _____ E-Mail _____

African-American [] Asian [] Hispanic [] Caucasian [] Native American []

Emergency Contact _____ Relationship _____ Phone (____) _____

Country of origin _____

What physical condition(s) should be considered when arranging volunteer assignments for you?

Previous Work Occupation _____

Special Interests, Hobbies, Activities _____

Are you a veteran? _____ Branch and years of service _____

Previous Volunteer Experience _____

Volunteer Hours Available _____ am / pm to _____ am / pm Volunteer Day(s) Available

SUN [] MON [] TUE [] WED [] THU [] FRI [] SAT [] VARIES []

TRANSPORTATION / VEHICLE LIABILITY INSURANCE INFORMATION

[] CAR [] ATS [] VAN [] TAXI [] BIKE [] WALK Other _____

Driver's License # _____ State _____ Expires _____

Auto Liability Insurance Co. _____ Expires _____

I, _____, the Senior Volunteer, understand that if I use my personal vehicle in my volunteer services, I will arrange to keep in effect automobile insurance liability equal to the minimum limits required by the state of Illinois. I also understand that I am volunteering my services through the Southwestern Illinois College RSVP program and understand that I am not an employee of Southwestern Illinois College or RSVP.

Volunteer Verification of Registration Date

BENEFICIARY RSVP ACCIDENT INSURANCE

Name _____	Relationship _____
Address _____	
City _____	State _____ Zip Code _____
Home Phone (____) _____	Work Phone (____) _____ Cell Phone (____) _____
RSVP Volunteer Signature _____	Date _____
RSVP Staff Signature _____	Date _____

Any additional information: _____
