



ORANGE COUNTY OFFICE FOR THE AGING
RETIRED AND SENIOR VOLUNTEER PROGRAM
40 Matthews Street, Suite 305, Goshen, NY 10924
(845) 615-3728

RSVP VOLUNTEER ENROLLMENT FORM

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different from above): _____

TELEPHONE #: _____ CELL/OTHER #: _____

EMAIL: _____ Nick Name: _____

Do you have a car?: [] yes [] no Interested in learning more about mileage reimbursement? [] yes [] no

Driver's License # _____ State: _____ Exp. Date: _____

Auto Insurance Company Name: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance (Automatically covers all volunteers at no cost):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment Experience: _____

Your Skills/Interests: _____

RSVP Volunteer Station(s) (if known): _____

[] I have read and fully understand the Volunteer Job Description posted at my volunteer site.

ETHNIC GROUP: (optional - for statistical use) [] Caucasian [] African-American [] Hispanic
[] Native American/Alaskan Native [] Asian, Pacific Islander [] Other

VETERAN: [] yes [] no

DISABILITY: [] yes [] no

I GIVE MY PERMISSION TO APPEAR IN PHOTOS USED FOR RSVP PUBLICITY: [] yes [] no

I understand that I am not an employee of the RSVP Project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer work station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of RSVP Staff _____ Date _____

* Signature of Volunteer _____ * Date _____

FOR OFFICE USE ONLY!

___ Enrollment Form Sent

___ Enrollment Form Received
(Call for any missing data (DOB, station, etc.)

___ Enter onto VR (profile and placement) by: _____

___ HOURS: At Station: add name to Station Roster
No Station: Create Individual Timesheet

___ MILEAGE: ___ Send Supplier Form and Supp W-9 w/ Welcome Letter
___ Email to Suppliermanager for Vendor ID# _____
___ Create Mileage Log

Station(s): _____

Job: _____

Welcome packet sent ___/___/___

Volunteer Folder/Labels Created ___/___/___

NOTES: