



225 E Fifth St Suite200  
 Flint, MI 48502  
 Phone: 810-600-0619  
 Fax: 810-239-5402

## RSVP Volunteer Enrollment Form

**Please print and complete all sections.**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Home or Mobile?

Do you have a car? Yes No Valid Photo ID? Yes No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Beneficiary for RSVP Supplemental Accident Insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Experience \_\_\_\_\_

Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Preferred volunteer assignments (See Assignment Availability List)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Days/Hours Available \_\_\_\_\_

- Would you like to be included on our Special On-Call List? 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 station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

\_\_\_\_\_



\_\_\_\_\_  
Volunteer Signature

Date

RSVP Staff Signature

Date



**SPECIAL ON-CALL LIST** - This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from the non-profits.

**Please mail completed form to:**

**Valley Area Agency on Aging  
225 East Fifth Street, Suite 200  
Flint, MI 48502**

\*\*\*\*\* FOR OFFICE

**USE ONLY!**

Station(s) Assigned \_\_\_\_\_

Date Assigned \_\_\_\_\_

Welcome Package Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

### Enrollment Form: Detachable Addendum

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.

Are you Hispanic or Latino?      Yes    No

What is your race? (Select one or more from below.)

**O American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**O Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**O Black or African American.** A person having origins in any of the black racial groups of Africa.

**O Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**O White.** A person having origins in any of the peoples of Europe, the Middle East, or North Africa.

**O Other.**