

SENIOR SERVICES RETIRED AND SENIOR VOLUNTEER PROGRAM  
ENROLLMENT RECORD AND INSURANCE FORM

NAME \_\_\_\_\_ SOC. SEC # \_\_\_\_\_ (Optional)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ PROOF OF AGE \_\_\_\_\_

Previous Occupation \_\_\_\_\_

Previous volunteer service \_\_\_\_\_ Years \_\_\_\_\_

Hobbies, Skills, Interests \_\_\_\_\_

Volunteer assignment desired \_\_\_\_\_

Assignment schedule preferred: Weekly \_\_\_\_\_ As Needed \_\_\_\_\_ Special Projects \_\_\_\_\_

Transportation: Drives Own Vehicle \_\_\_\_\_ Public Trans. \_\_\_\_\_ Walk \_\_\_\_\_ Other \_\_\_\_\_

Referred to RSVP By: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**BENEFICIARY FOR RSVP ACCIDENT AND LIABILITY INSURANCE  
(FOR ALL VOLUNTEERS)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**SENIOR VOLUNTEER INSURANCE STATEMENT  
(IF SENIOR VOLUNTEER DRIVES A VEHICLE)**

I, \_\_\_\_\_, the Senior Volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by our state.

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I volunteer my services through \_\_\_\_\_ Retired and Senior Volunteer Program and understand that I am not an employee of Senior Services of Southeastern Virginia or RSVP.

ENROLLMENT DATE \_\_\_\_\_ RSVP VOLUNTEER SIGNATURE \_\_\_\_\_ RSVP STAFF SIGNATURE \_\_\_\_\_

**TO BE COMPLETED BY COORDINATOR**

VOLUNTEER STATION ASSIGNED: \_\_\_\_\_

POSITION ASSIGNED: \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

TRANSPORTATION: DRIVES OWN VEHICLE  PUBLIC TRANS.  TRANS. REIMBURSEMENT: YES  NO