

**RSVP of Lane County
VOLUNTEER ENROLLMENT FORM**

Please print and complete all sections.

Name _____ Birth Date ____/____/____
Street Address _____ City, Zip _____
Mailing Address _____ City, Zip _____
Phone: _____ Email: _____
Social Security # _____

(Collected for required statistical reporting.)

Ethnicity: Hispanic/Latino Non Hispanic/Latino
Racial group: White Black /African-American Hispanic American Indian/Alaskan Native
Asian/Pacific Islander Hawaiian/Pacific Islander

Physical/Medical Limitations _____
Emergency Contact _____ Phone _____
Driver's Lic. # _____ Expiration _____
Auto Insurance Provider/Policy # _____

Beneficiary for RSVP Supplemental Accident Insurance:
Name _____ Relationship _____
Address _____ Phone _____
Skills/Interests/Languages _____

Volunteer Experience: Y N If yes, Describe _____



Preferred volunteer assignments:

1. _____ 2. _____ 3. _____ 4. _____

Days/hours available: M _____ T _____ W _____ TH _____ F _____ S _____ SU _____

Please sign the Confidentiality Statement. Thank you.

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of Volunteer

Date

Signature of RSVP Manager

Date

Would you like to be included on our **Special On-Call* list**? Yes No

***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. Volunteers will be called upon when such requests are received.

.....
Claiming mileage reimbursement? Yes No If Yes, Please Complete Mileage Form.

