



## VOLUNTEER REGISTRATION FORM

1. Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB verified: \_\_\_\_\_ Source: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
CELL Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
County in which you Volunteer: \_\_\_\_\_  
Ethnic Group: Caucasian, African American, Hispanic, Native American, Asian, Other
2. Employment Experience: \_\_\_\_\_  
Volunteer Experience: \_\_\_\_\_
3. Preferred Volunteer Assignment: \_\_\_\_\_  
Days Available: \_\_\_\_\_
4. I have a physical condition RSVP needs to know: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Beneficiary for RSVP Supplemental Accident Insurance: NO COST TO VOLUNTEER  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_
6. Are you a **Veteran**? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
7. I, \_\_\_\_\_, volunteer my services through the Retired & Senior Volunteer Program (RSVP) of Bay Aging. I understand that I am **not a paid employee**. I give my permission for RSVP to use **my photograph** for promotional purposes. I understand a written assignment description of my assignment is maintained and available to me in the office at my WorkStation or in the RSVP Director's office.

Position Assigned \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_ Signature of RSVP Director \_\_\_\_\_

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FOR OFFICE USE ONLY

Assignment: \_\_\_\_\_ Station: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_