

RSVP-VP

Retired and Senior Volunteer Program

Bay Aging

PO Box 610

Urbanna, VA 23175

Ph. 804-758-1260 Ext. 1314

E-mail: hrose@bayaging.org

VOLUNTEER REGISTRATION FORM

1

Name_____ Birthdate ____/____/____

DOB Verified: _____ Source: _____

Street _____ City _____ Zip _____

Cell Phone: _____

Email: _____

Which counties you volunteer: ☐ Essex ☐ Gloucester ☐ Lancaster ☐ Mathews

☐ Middlesex ☐ Northumberland ☐ Richmond County ☐ Westmoreland ☐ West Point

Race: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

2

Employment Experience: _____

Volunteer Experience:

3

Preferred Volunteer Assignment: ☐Meals on Wheels ☐Congregate ☐Food Bank ☐Other

Days Available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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 Date

Date

FOR OFFICE USE ONLY

ASSIGNMENT: STATION: DATE: / /

(REV 08/2025)