

RSVP-VP

VOLUNTEER REGISTRATION FORM

Retired and Senior Volunteer Program

Bay Aging

PO Box 610

Urbanna, VA 23175

Ph. 804-758-1260 Ext. 1314

E-mail: hrose@bayaging.org

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

FOR OFFICE USE ONLY

ASSIGNMENT: _____ STATION: _____ DATE: ____/____/____

(REV 08/2025)