



# RETIRED SENIOR VOLUNTEER PROGRAM ENROLLMENT FORM

<b>FOR OFFICE USE ONLY</b> Revised 6/2020
Station Assigned _____
Assigned/Entered in Computer ___/___/___
Welcome Package Sent ___/___/___

## PERSONAL INFORMATION

Name					Birth date		
Street Address					Apt/Unit #		
City				ST			ZIP
Phone				Cell Phone			
Email Address							
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Veteran	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Language(s) Spoken	
Race/Ethnicity (Optional)	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other						
Do you want to claim mileage reimbursement for travel to and from and during your volunteer assignment?				If yes, provide Driver's License #			
YES <input type="checkbox"/> NO <input type="checkbox"/>				State Issued		Exp. Date	

## EMERGENCY CONTACT

Name			
Relationship		Phone	

## INTERESTS

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Advisory Council/Board        | <input type="checkbox"/> Food Bank                    | <input type="checkbox"/> Hospice               | <input type="checkbox"/> Quilting/Sewing/Crocheting |
| <input type="checkbox"/> Conservation/Environment      | <input type="checkbox"/> Fraud Awareness Volunteer    | <input type="checkbox"/> Income Tax Assistance | <input type="checkbox"/> Tutoring/Literacy          |
| <input type="checkbox"/> Companionship                 | <input type="checkbox"/> Habitat for Humanity ReStore | <input type="checkbox"/> Meals on Wheels       | <input type="checkbox"/> Veterans Services          |
| <input type="checkbox"/> Driving-Senior Transportation |   |  |   |

<b>Desired volunteer station site?</b>	
<b>How did you learn about the RSVP program?</b>	

## AGREEMENTS AND SIGNATURE

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I also understand that some volunteer assignments may require a background check.

*I give RSVP permission to use my photo in any future publications and media without compensation.*    **YES**     **NO**

<b>Volunteer Signature</b>	<b>Date</b>
RSVP Staff Signature	Date

## RETURN FORM

<b>STEP 1</b>	Return completed enrollment form & copy of license and insurance (if claiming mileage reimbursement).	<b>STEP 2</b>	Look forward to a call from our office to discuss your volunteer placement.
MAG RSVP	586 East 800 North, Orem, UT 84097	Email	rsvp@mountainland.org
Website	mountainland.org/rsvp	Phone	801-229-3820