



Retired and Senior Volunteer Program
of Fayette County
108 N. Beeson Ave. Uniontown, PA 15401



Volunteer Enrollment Form

Name _____ TODAY'S DATE ____/____/____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail address _____

DATE OF BIRTH ____/____/____ Male ____ Female ____

How did you hear about RSVP? Newspaper____ Volunteer Station____ Information Booth____
Friend, Who? _____ Other _____

Are you a Veteran? Y____ N____ Is anyone in your family a Veteran? Y____ N____

Employment Experience - _____

Have you ever been convicted of a crime? Y____ N____ If yes, please explain _____

Please list any physical limitations that should be considered for your volunteer assignments:

Emergency Contact: _____
Contact's Address _____
Phone number _____ Relationship _____

Designation of Beneficiary for RSVP personal accidental bodily injury insurance

Complete this only if the beneficiary is different than the Emergency Contact.

Name _____ Phone number _____
Address _____ Relationship _____

Volunteer Experience

Are you presently volunteering? Y ____ N ____ If yes, where? _____

Previous volunteer experience: _____

Do you have a preferred volunteer assignment? Y ____ N ____ If yes, please specify where:

Days/Times Available: _____

If you would like the **free supplemental auto liability** insurance provided by RSVP please provide:

Driver's License number ____/____/____ Expiration Date: _____

Auto Insurance Company Name: _____

It is the policy of RSVP to foster equal volunteer opportunities and affirmative action for application without regard to race, sex, religion, national origin, age or disability.

By signing below, you agree to the following:

- I volunteer my service through the RSVP of Fayette County and I understand that I am not an employee of Fayette County Community Action Agency, Inc. or RSVP
- I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service as a Home Delivered Meals driver, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.
- I hereby agree that RSVP/FCCAA shall have the right to use, for publicity and/or promotional purposes, my name and photographs/videos taken of me.

Signature of Applicant _____ Date _____

Signature of RSVP Coordinator _____ Date _____

OFFICE USE ONLY

Volunteer packet mailed _____

Computer input _____

File requirements completed _____

Assignment description attached _____

Notes: _____
