

RSVP

Lead With Experience

DAVIS COUNTY RSVP ENROLLMENT FORM

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

Welcome packet sent: ___/___/___

Computer Entry: ___/___/___

By: _____

Please print and complete all sections.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

(Optional) Gender:

___ Male

___ Female

(Optional) Race/Ethnic Background:

___ White

___ Asian

___ African-American

___ Hispanic/Latino

___ American Indian/Alaska Native

___ Pacific Islander

___ Other

Are you a Veteran? ___ Yes ___ No Physical/Medical Limitations: _____

Will you use your car during your volunteer assignment? Yes No Claiming mileage reimbursement? Yes No

Driver's License # _____ State _____ Expiration Date _____

***If claiming mileage reimbursement, please include a copy of your proof of auto insurance.**

As a volunteer of RSVP, you will be covered by accident, personal liability, and excess automotive liability insurance while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP.

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience (Current/Past) _____

Please tell us where you are currently or would like to volunteer _____

Days/Hours Available: Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Mornings ___ Afternoons ___

