

CALHOUN COUNTY

RETIRED & SENIOR VOLUNTEER PROGRAM

Please complete all sections

ENROLLMENT RECORD

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

BIRTH DATE: Mo: _____ Day: _____ Year: _____ Driver's License # _____ Exp. Date: _____

Ethnic Group: _____ Caucasian _____ African American _____ Hispanic _____ Asian/Pacific Islander
_____ North American/Alaskan Native _____ Other

Employment

Experience: _____ Skills/Interests/Languages _____

Volunteer Experience: _____

Preferred Volunteer Assignments:

1. _____ 2. _____

School Assignments Preferred: _____

Days/Hours Available: Mornings _____ Afternoon _____ After School _____

May we call you for other Volunteer assignments? Yes _____ No _____

Have you ever been convicted of a Felony? Yes _____ No _____

Emergency Contact Name: _____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance: (This insurance is provided by RSVP at no cost to you)

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Do you have Automobile Liability Insurance? Yes _____ No _____

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the State.

Signature of Volunteer

Date

Signature of RSVP Staff

Date