

# R S V P

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## VOLUNTEER REGISTRATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax Town: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Past/Present Occupation: \_\_\_\_\_

Availability: \_\_\_\_\_ Referred by: \_\_\_\_\_

Veteran  One-time  Group Name \_\_\_\_\_ (# of People \_\_\_\_\_)  Court Diversion (# of Hours \_\_\_\_\_)

Skills I have which I would like to use: \_\_\_\_\_

Skills I would like to gain: \_\_\_\_\_

Are there organizations where you currently volunteer? \_\_\_\_\_

### **Beneficiary for RSVP Supplemental Accident Insurance:**

(Person who would receive insurance money should something happen to you while volunteering.)

Beneficiary's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Automobile Insurance Statement:**

I understand that if I use my personal automobile in volunteering my services with the RSVP program, I will arrange to keep in effect my own automobile insurance equal to the minimum amount required by the State of Vermont (\$50,000 bodily injury - \$50,000 property damage). I also agree to keep my drivers license current.

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Agreement to Volunteer**

I volunteer my services with RSVP and understand that I am not considered an employee of RSVP or its sponsoring agency, Rutland Community Programs, Inc. I understand that I will not be paid for my services and that I may stop volunteering at any time I wish. I also agree that RSVP may utilize photos of me taken while serving as a volunteer for promotional or educational purposes.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Referred to: \_\_\_\_\_

Placed at: \_\_\_\_\_ Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Impact Area: Transportation Food Delivery Tax Assistance Bone Builders Capacity Building Education