



# RSVP/VC

6 Court St., Rutland, VT 05701 (802)775-8220 FAX: 802-775-8221  
RSVP/VC VOLUNTEER REGISTRATION



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TAX TOWN \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ Date of Birth \_\_\_\_\_

ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_

HOW DID YOU LEARN OF RSVP? \_\_\_\_\_

**Beneficiary for RSVP Supplemental Accident Insurance:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**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.

SIGNATURE OF VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**Person to notify in case of emergency:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**Agreement to volunteer:**

I volunteer my services with the Rutland County RSVP/VC Program and understand that I am not considered an employee of RSVP/VC 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/VC may utilize a photo(s) of me taken while serving as a volunteer for public awareness or educational purposes

SIGNATURE OF VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

**Please return this form to: RSVP/VC, 6 Court Street, Rutland, VT 05701**

**=====FOR OFFICE USE ONLY=====**

**The Coordinator placing the volunteer MUST complete this section for the Registration process to be complete**

**Please select which of the following placement(s) has been made for this volunteer:**

Transportation: \_\_\_\_\_ Food Delivery: \_\_\_\_\_ Tax Assistance \_\_\_\_\_

Bone Builders/TeleCare/Movers and Shakers \_\_\_\_\_ (please specify which one)

Capacity Building: \_\_\_\_\_ (please specify; for example Op Dolls, hospital, mailers, clerical)

Education: \_\_\_\_\_ (please specify; for example Rutland Reads, After School Buddies)

**Please record the Volunteer Station(s) the volunteer has been placed at:** \_\_\_\_\_

Welcome Packet Sent: \_\_\_\_\_ Registration has been recorded on Volunteer Reporter: \_\_\_\_\_