

Retired **S**enior **V**olunteer **P**rogram

ENROLLMENT CARD

PLEASE COMPLETE FRONT AND BACK

Name of Site Where You Volunteer _____
Position/Duties _____
Days/hours worked _____

Miss ___ Mrs. ___ Ms. ___ Mr. ___
Single ___ Married ___ Divorced ___ Widowed ___
Name (First) _____ Middle Initial _____
(Last) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Date of birth ____ / ____ / ____
Email Address _____

Ethnic Group: White _____ Black/Non-Hispanic _____
Hispanic _____ American Indian or AK Native _____
Asian or Pacific Islander _____ Western Europe _____
Other _____

Hobbies & Skills _____
Volunteer Experience _____
Previous Employer _____
Are you available for one time events? _____

If you drive your own car, please complete the following:
Liability Insurance ___ yes ___ no
NC Driver # _____

Emergency Contact: _____
Relationship _____
Address: _____
City _____ State _____ Zip: _____
Phone _____

DESIGNATION OF BENEFICIARY

(if this is not completed, we will assume estate as beneficiary)

- 1) Name_____
- 2) Relationship_____
- Address_____
- City_____ State _____ Zip_____

SENIOR VOLUNTEER INSURANCE STATEMENT

(For Automobile Owners)

- 3) I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability equal to the minimum required by our state.
Initial_____

Insurance Company_____

Limits of Liability_____

Policy Number_____

Signature of Volunteer _____

Date_____

Signature of Station Coordinator_____

Date_____

Signature of RSVP Director_____

Date_____

City of Raleigh
 Attn: RSVP/FGP
 PO Box 590
 Raleigh, NC 27602
 919-831-6295