

RETIRED AND SENIOR VOLUNTEER PROGRAM
4701 NW 33rd Avenue, Fort Lauderdale, FL 33309: Phone: 954-484-7117x106

VOLUNTEER ENROLLMENT FORM

Last Name _____ First Name _____ MI _____
Street Address _____ Apt. # _____
City _____ Zip Code _____ Phone # _____
Female ___ Male ___ Date of Birth ___/___/___ E-Mail Address _____
Circle One: White ___ Black ___ Asian ___ Am. Indian ___ Are you Hispanic? Yes ___ No ___

How did you learn about RSVP? _____

I am a seasonal resident from ___/___/___ to ___/___/___

I can volunteer: Ongoing (weekly) _____ For Short Term Projects _____ Either _____

I can volunteer Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___ (Hrs.) From _____ To _____

How will you travel? Car ___ Bus ___ Walk ___ Ride with friend ___ I need a ride ___

RSVP provides supplemental accident and liability insurance at no charge to you. The following information is required by our insurance carrier.

Driver's License # _____ State _____ Exp. Date _____

My Designated Beneficiary is

Last Name _____ First Name _____ MI _____

Address _____ Apt. # _____

City _____ Zip Code _____ Phone # _____

In Case of Emergency Please Contact:

Last name _____ First Name _____ MI _____

Address _____ Apt. # _____

City _____ Zip Code _____ Phone # _____

I understand that my signature below gives permission to RSVP staff to contact organizations about my volunteer interests and find a rewarding volunteer opportunity for me. I am also giving permission to Senior Volunteer Services to use photographs in which I appear singly or in a group for the programs' marketing and advertising effort to seek more volunteers.

Volunteer's Signature: _____ Date: _____

RSVP Director's Signature: _____ Date: _____

RSVP is a program of the Senior Volunteer Services, Inc. www.seniorvolunteerservices.org

