



RSVP The Retired & Senior Volunteer Program of the Central Coast

Serving SLO & NSBC counties - e-mail: Cheryl@srvolunteer.org

660 Pismo Street

San Luis Obispo, CA 93401

(805) 544-8740

FAX (805) 544-9146

ENROLLMENT FORM

LAST NAME		FIRST NAME		MI	TELEPHONE NO.
STREET ADDRESS		CITY	STATE	ZIP	MALE FEMALE
DATE OF BIRTH	IN EMERGENCY NOTIFY		RELATIONSHIP		TELEPHONE NO.
E-MAIL ADDRESS:			FAX NUMBER:		
CELL PHONE NUMBER:			WORK PHONE NUMBER:	EXT:	

WORK EXPERIENCES

EDUCATION, LICENSES, and/or SPECIALIZED TRAINING

MILITARY SERVICE? Yes No (Please circle)

ELECTRONIC COMMUNICATION?

Would you like to receive communication via your e-mail? Yes____ No____

(Newsletters, Welcome Letters & correspondence)

HOBBIES, ORGANIZATIONS, CLUBS

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CURRENT VOLUNTEER SERVICE

PREVIOUS VOLUNTEER SERVICE

CLERICAL

COMPUTERS	YES	NO
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PLEASE COMPLETE BOTH SIDES OF THIS FORM

Do you have any physical conditions that may limit your assignment? Explain below.

ARTHRITIS	HEART	LUNGS	VISION	HEARING	STANDING	SITTING	WALKING
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(The following information is required for RSVP insurance coverage)

DESIGNATION OF BENEFICIARY

(RSVP Accident Insurance)

NAME	RELATIONSHIP	ADDRESS

AUTOMOBILE INSURANCE

DRIVER'S LICENSE No.	AUTO INSURANCE CO.	POLICY No.	EXPIRATION DATE
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MUTUAL UNDERSTANDING

A. I _____ volunteer my services through **Retired & Senior Volunteer Program**
(PLEASE PRINT YOUR NAME CLEARLY)

(RSVP) of the Central Coast, and I understand that I am not an employee of RSVP or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided only to Volunteers enrolled in RSVP. Reporting of hours may be done on a workstation roster or on a completed monthly report "Volunteer Hours Log" form and mailed, e-mailed, telephoned or FAX'd to the RSVP office. **If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.**

NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to RSVP by the 10th of each month for the preceding month. Station coordinator signature is required on log sheet in order to qualify for reimbursement.

****I understand that if I receive mileage reimbursement at my assigned station from Federal Funds, I will not be eligible for any from RSVP.**

If no reimbursement is requested the mileage can be donated to Senior Volunteer Services as an in-kind donation, and based on individual tax situations may qualify for a deduction.

I understand and agree with the above statements: _____
(VOLUNTEER SIGNATURE) (DATE)

Referred by: _____

FOR RSVP USE ONLY:

Workstation (s) Assigned: _____ Date Assigned: _____

(SIGNATURE OF RSVP COORDINATOR)

(DATE)

(SIGNATURE OF RSVP DIRECTOR)

(DATE)