

RSVP VOLUNTEER ENROLLMENT FORM

Ms.
Mrs. (circle one) _____ Phone: _____
Mr. (first name) (middle name) (last name)
Address: _____
Birth date: _____ Sex: M__ F__ Marital status: _____
(month) (day) (year)
Race: White__, Hispanic__, American Indian or Alaskan native__, Asian__, Black or African American __
Native Hawaiian or Pacific Island__
Do you drive to volunteer work? No__ Yes__, Driver's license # _____ Expires? _____
Name of your auto insurance agency? _____
Are you currently volunteering? No__ Yes__, Where? _____
Preferred volunteer assignments: _____
Time/Days available: _____ Any physical limitations? No__ Yes__
If yes, please explain: _____
Special interests or skills: _____
Previous work experience or occupation: _____
Foreign languages spoken: _____ Education: Elem ____, H.S. ____, College ____
Referred to RSVP by: _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE

(This insurance is provided as a benefit to membership in RSVP at NO cost to you.)

Name of beneficiary: _____ Phone (____) _____
Address: _____ Relationship: _____

Name of person to notify in case of emergency: _____
Relationship: _____ Phone: (____) _____

Please Note: To keep membership and insurance coverage current, you are responsible for reporting your hours each month to the Volunteer Station Chairperson OR by mail to the RSVP office.

Your Signature (Insurance not valid until signed) _____ Date: _____
Office use only: Staff Signature _____ Date: _____

**MAIL FORM TO: RSVP/TTUHSC/Garrison Institute on Aging, 6630 S. Quaker Ave., Suite E,
Lubbock, TX 79413 PHONE: (806) 743-RSVP (7787)**

RSVP

Responding
to the needs in
our community



RSVP was created especially for people aged 55 years or older who have a lifetime of experience to share with their local community. The goal of RSVP is to utilize the interests, skills and abilities of this growing population by providing stimulating opportunities for personal development through placement in satisfying and rewarding positions in volunteer service areas.