

RSVP VOLUNTEER ENROLLMENT FORM

WestArk RSVP

Mr. Mrs. Miss Ms. Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address If different than above _____ City _____ State _____ Zip _____

Home Phone () _____ e-mail _____

Cell Phone () _____ Work Phone () _____

Gender Male Female Will you be driving to your volunteer assignments? Yes No

Birth Date - - (RSVP members must be at least 55 years of age.)

Languages English Spanish Other: _____

Ethnicity Caucasian African-American Hispanic Asian, Pacific Islander
 Native American/Alaskan Other: _____

County Sebastian Crawford Other: _____

Emergency Contact _____ Phone _____

Retired from _____ Occupation _____

Skills, Talents and Interests (such as piano player, tutoring, golf, gardening, computers, etc.)

SPECIAL ON-CALL LIST - This is a list we refer to when local non-profits request one time assistance with special events or tasks. *Example: Volunteers assist with golf tournaments, local festivals and other one-time events.* Would you like to be included on our SPECIAL ON-CALL LIST? Yes No

MAILINGS ON-CALL LIST - This is a list we refer to when local non-profits request assistance with a mail out. *Example: Volunteers assist with folding correspondence, labeling, stuffing and closing envelopes.* Would you like to be included on our MAILING ON-CALL LIST? Yes No

HOW OR FROM WHOM DID YOU LEARN ABOUT RSVP? _____

IF YOU CURRENTLY VOLUNTEER WITH AN ORGANIZATION PLEASE LET US KNOW WHERE AND WHEN. *Example: Wednesday morning at Methodist Nursing Home*



Please complete front and back of the enrollment form. Page 2 requires your signature.

All volunteers are provided life insurance while they volunteer at no cost to the volunteer.
Please complete beneficiary information requested in the block below:

Beneficiary for RSVP Supplemental Accident Insurance:

<i>Name</i> _____	<i>Relationship</i> _____
<i>Address</i> _____	<i>Phone</i> _____

What physical /medical limitations should be taken into consideration when arranging volunteer assignments for you? _____

VOLUNTEER STATEMENT

I understand that if I use my personal automobile while volunteering, I will keep in effect automobile insurance equal to or greater than the minimum required by the state in which I reside.

As a WestArk RSVP Volunteer, I understand that my conduct reflects not only upon myself but also upon RSVP and the sponsoring agency, Western Arkansas Counseling and Guidance Center, Inc. High standards of behavior, ethics, confidentiality, mutual respect, loyalty and good manners will be required. I, therefore, fully understand that my RSVP Volunteer Membership can be terminated if I engage in inappropriate behavior as determined by the Program Director.

Signature of new RSVP Volunteer

Date



Please mail or drop off enrollment form at:

WestArk RSVP, 401 North 13th Street, Fort Smith, AR 72901

For Office Use Only

Days/hours *NOT* available for volunteering: _____

Current volunteer assignments: _____

Referred to: _____

Signature of RSVP Volunteer Manager/Program Director

Date