



RSVP

Lead With Experience



PORTER - LEATH

Retired Senior Volunteer Program
 868 N. Manassas, Memphis, TN 38107
 901-577-2500 FAX: 901.525-9665
 Email: shastings@porterleath.org

VOLUNTEER ENROLLMENT FORM

Must be 55 or older

Name: _____ Birthdate: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Male Female

Email: _____ Fax: _____

Emergency Contact Person: _____ Phone: _____

Education/Training: _____

Previous Occupation(s): _____


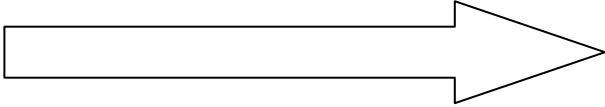
Skills/Hobbies/Interests: _____

Languages Spoken: _____

Do you volunteer now? YES NO If yes, where? _____

What physical conditions should be considered in arranging volunteer assignment?

Do you give permission to RSVP for the use of your photo in publicity? YES NO

INSURANCE INFORMATION	
<p>RSVP excess auto liability insurance requires the following: Driver's License #: _____ Expiration Date: _____ Auto Insurance Co: _____ Do you carry the state required minimum liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Please name the beneficiary of your RSVP Life Insurance Benefits: Beneficiary: _____ Address: _____ City: _____ State: ____ Zip: _____</p>
<p>OFFICE USE ONLY</p> <p>Vol.# _____ Reg. Date: _____ Term Date: _____</p> <p>Background Check Completed: _____</p>	<div style="border: 2px solid black; padding: 5px; text-align: center;">  PLEASE COMPLETE AND SIGN OTHER SIDE </div> <div style="text-align: center; margin-top: 20px;">  </div>

VOLUNTEER COMMITMENTS

Release of Information: I understand that the information provided on this form may be disclosed for the purposes of volunteerism only.

Confidentiality: I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential.

Insurance: If I use my automobile in volunteer service, I certify that I carry at least the minimum liability insurance required by State Law.

I understand that I am not an employee of RSVP, the sponsoring agency, or of any agency where I may volunteer. I am under no obligation to accept or continue my assignment unless I choose to do so.

I affirm that the information I have provided is accurate and that I have read and agree to the statements above.

I agree to volunteer as a RSVP volunteer three or more hours per month.



Volunteer Signature

Date

Interviewer

RSVP Director/Coordinator

Please check the after school volunteer stations of interest to you:

- Early Head Starts
- Head Starts
- Primary schools
- Intermediate schools
- Secondary schools
- YMCA after schools
- Libraries
- Hospitals
- Awareness Projects

All volunteer site station categories
are available in the following
Desoto county areas: Hernando,
Horn Lake, Olive Branch,
Southaven and Walls

OPTIONAL INFORMATION (check all that apply)

Ethnic Information: Native American Asian/Pacific Islander African American
 Hispanic Caucasian Other

How did you hear about RSVP? Friend TV RSVP Staff Volunteer Site Other

OFFICE USE ONLY

Volunteer Station(s) Assigned: _____

Thank You for Volunteering!