

# Western Upper Peninsula Retired & Senior Volunteer Program

540 Depot St., Hancock, MI. 49930 •••• (906) 482-7382

## Enrollment Form

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ The best time to contact me is: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony?            ( ) yes      ( ) no  
*Please note that RSVP will conduct background checks on all potential volunteers.*

Are you a veteran?    ( ) yes      ( ) no

Employment  
Experience: \_\_\_\_\_

Volunteer  
Experience: \_\_\_\_\_

Skills/Interests: \_\_\_\_\_  
\_\_\_\_\_

What type of volunteer work are you interested in? \_\_\_\_\_

How many days per week are you available to volunteer? \_\_\_\_\_

How many hours per day are you available to volunteer? \_\_\_\_\_

What size shirt do you prefer? \_\_\_\_\_

I give permission for my photograph to be used for RSVP publicity purposes.      ( ) Yes      ( ) No  
(For example, local newspapers, posters, and brochures)

Do you have a driver's license?    ( ) yes      ( ) no

License number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of auto insurance company (if applicable): \_\_\_\_\_

Do you have a vehicle?    ( ) yes      ( ) no

Will you be claiming mileage reimbursement?      ( ) yes\*      ( ) no

***\*If yes, the volunteer agrees to maintain a valid driver's license and minimum required auto insurance while using a vehicle for volunteer duty related travel.***

Do you have any physical or medical conditions, which may restrict you from performing certain tasks? If so, please list: (**NOTE:** You will not be excluded from participation in RSVP, because of physical/medical conditions.)

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*Beneficiary for RSVP Supplemental Accident Insurance*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Personal References**

Please provide the names, addresses, and phone numbers of two individuals, not related to you, who you have known for at least one year.

Name

Address

Phone

Relationship

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The information that I have provided on this RSVP Volunteer Enrollment Form is true and correct to the best of my knowledge. I understand that the intentional use of false information will result in my termination from participation in the Western Upper Peninsula Retired and Senior Volunteer Program.

I understand that if I use my own vehicle for transportation to and from the volunteer station with which I am placed, I must keep in effect and up to date, automobile insurance equal to or greater than the minimum required by the state of Michigan.

I understand that the staff of the Western Upper Peninsula RSVP will conduct background and screening processes on all potential volunteers, and that my active involvement with RSVP is dependent on the outcome of this process.

I agree to become a participant in the Western Upper Peninsula Retired & Senior Volunteer Program. I understand that I am not an employee of the Western Upper Peninsula Retired & Senior Volunteer Program, the Western Upper Peninsula Health Department, or the Corporation for National and Community Service.

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Signature of Volunteer

Date

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Signature of Western Upper Peninsula RSVP—Program Director

Date