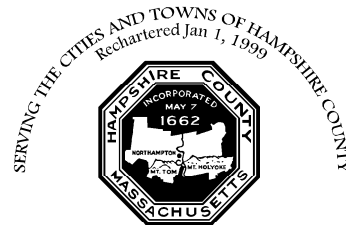




RSVP MEMBERSHIP FORM



Name: _____ Date of Birth: _____

Address: _____ City: _____

Zip: _____ Telephone: _____ Email address: _____

Former occupation(s): _____

What are your skills, interests, hobbies? _____

Current volunteer activities: _____

Which language(s) do you speak? English Only Other: _____

Kind of volunteer assignment desired: _____

Which day(s) are you available? (Circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Would you like to join RSVP's *Experience On Call* Team and be notified about one-time, short-term volunteer opportunities? Yes No

How did you hear about RSVP? _____

Transportation (Please tell us how you will get to your volunteer site):

If you will be driving to your volunteer site please complete the following:

Driver's License Number: _____ Expiration date: _____

Do you desire reimbursement for mileage? Yes No

Other (bus, ride, walk, etc.): _____

Insurance: As an RSVP member, you are covered under our volunteer insurance policy while volunteering through RSVP. Please complete the following Liability Insurance Information and Emergency Contact:

Name of contact: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: (____) _____ Relationship to you: _____

I understand that if I use my personal automobile during my volunteer service, I will keep in effect the minimum liability insurance required by Massachusetts state law.

I also understand that I volunteer my service through the Retired and Senior Volunteer Program of the Hampshire Council of Governments, and attest that I am not an employee of RSVP or Hampshire County Council of Governments.

Volunteer Signature: _____ Date: _____

RSVP Director: _____ Date: _____

For RSVP office use only:

STATION 1: _____

STATION SUPERVISOR: _____

ASSIGNMENT: _____

STARTING DATE: _____ CORI COMPLETED: _____

DATE AND INITIALS: _____

STATION 2: _____

STATION SUPERVISOR: _____

ASSIGNMENT: _____

STARTING DATE: _____ CORI COMPLETED: _____

DATE AND INITIALS: _____

STATION 3: _____

STATION SUPERVISOR: _____

ASSIGNMENT: _____

STARTING DATE: _____ CORI COMPLETED: _____

DATE AND INITIALS: _____

Rev. 01/09