



Retired Senior Volunteer Program  
100 North Street, PO Box 5012  
Monticello, NY 12701  
Phone: 845-807-0255 Fax: 845-807-0260

### Volunteer Application & Insurance Form

SOCIAL SECURITY # \_\_\_\_\_ (All information given is strictly confidential) I.D #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT RSVP? \_\_\_\_\_ ARE YOU A VETERAN? YES \_\_\_ NO \_\_\_ RELATIVE OF A VETERAN? YES \_\_\_ NO \_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ CELLPHONE: \_\_\_\_\_ CONSENT FORM: \_\_\_\_\_

PHYSICAL/MEDICAL LIMITATIONS: YES \_\_\_ NO \_\_\_ (EXPLAIN) \_\_\_\_\_

#### **FOR THOSE WHO CLAIM MILEAGE REMINBURSEMENT:**

I CERTIFY THAT MY AUTO INSURANCE IS ACTIVE: YES NO DRIVERS LICENSE #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO \_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

RSVP COVERS YOU WITH ACCIDENT AND LIABILITY INSURANCE WHILE ON ASSIGNMENT. PLEASE LIST A BENEFICIARY OTHER THAN YOURSELF:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY WHO **DOES NOT** RESIDES AT YOUR ADDRESS.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Confidentiality Statement:** I understand that any information provided during volunteer assignment(s) about any individual or group shall be held in strictest confidence and not discussed or disclosed in any manner that would divulge the person's identity.

X \_\_\_\_\_ X \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Volunteer

RSVP DIRECTOR

#### **For Office Use Only:**

VOLUNTEER STATION: \_\_\_\_\_ VOLUNTEER ASSIGNMENT: \_\_\_\_\_