



Retired & Senior Volunteer Program of DuPage & Northern Cook Counties

2121 S. Goebbert Road, Arlington Heights, IL 60005 ■ (847) 228-1006 ■ FAX (847) 228-1327

VOLUNTEER APPLICATION

(Please answer all questions)

PERSONAL INFORMATION

Name _____ Male Female

PLEASE PRINT

Address _____ Township _____

STREET

_____ Zip _____ County _____

Date of Birth _____ / _____ / _____ Phone No. _____ Cell Phone No. _____

CITY MONTH DAY YEAR

E-mail Address _____

VOLUNTEER INFORMATION

Volunteer Assignment _____ Date Started _____

Do you wish reimbursement for: Transportation: YES NO Meals: YES NO

Transportation to your volunteer site: Automobile Passenger Walk Public

Special Interests, Hobbies, Skills _____

Occupation/Employer (current or former) _____

In case of emergency, notify _____ Phone _____

RSVP ACCIDENT INSURANCE - DESIGNATION OF BENEFICIARY

Name of Beneficiary _____

FRIEND, RELATIVE OR ESTATE

Address _____

STREET

CITY

STATE

ZIP

INSURANCE STATEMENT FOR DRIVING AN AUTOMOBILE TO/FROM VOLUNTEER SITE

I, _____, the senior volunteer, understand that if I use my personal automobile in volunteer service, I will keep in effect automobile liability insurance equal to the minimum limits required by our state.

Driver's License Number _____ Expiration Date _____

Private Insurance Carrier _____ Expiration Date _____

ENROLLMENT STATEMENT

I certify I volunteer my services through the Retired and Senior Volunteer Program of DuPage and Northern Cook Counties and understand that I am not an employee of RSVP. I also agree that all of the above information is current and correct.

Signature _____ Date _____

VOLUNTEER SITE

SIGNATURE OF RSVP PROJECT DIRECTOR