



RETIRED SENIOR VOLUNTEER PROGRAM ENROLLMENT FORM

FOR OFFICE USE ONLY Revised 10/2020
Station Assigned _____
Assigned/Entered in Computer ___/___/___
Welcome Package Sent ___/___/___

PERSONAL INFORMATION

Name					Birth date		
Street Address					Apt/Unit #		
City				ST			ZIP
Phone				Cell Phone			
Email Address							
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Veteran	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Language(s) Spoken	
Race/Ethnicity (Optional)	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other						
Do you want to claim mileage reimbursement for travel to and from and during your volunteer assignment?				If yes, provide Driver's License #			
YES <input type="checkbox"/> NO <input type="checkbox"/>				State Issued		Exp. Date	

EMERGENCY CONTACT

Name			
Relationship		Phone	

INTERESTS

<input type="checkbox"/> Advisory Council/Board	<input type="checkbox"/> Food Bank	<input type="checkbox"/> Hospice	<input type="checkbox"/> Quilting/Sewing/Crocheting
<input type="checkbox"/> Conservation/Environment	<input type="checkbox"/> Fraud Awareness Volunteer	<input type="checkbox"/> Income Tax Assistance	<input type="checkbox"/> Tutoring/Literacy
<input type="checkbox"/> Companionship	<input type="checkbox"/> Habitat for Humanity ReStore	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Veterans Services
<input type="checkbox"/> Driving-Senior Transportation			

Desired volunteer station site?	
How did you learn about the RSVP program?	

AGREEMENTS AND SIGNATURE

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I also understand that some volunteer assignments may require a background check.

I give RSVP permission to use my photo in any future publications and media without compensation. **YES** **NO**

Volunteer Signature	Date
RSVP Staff Signature	Date

By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this enrollment form.

RETURN FORM

STEP 1	Return completed enrollment form by mail or email & copy of license and insurance (if claiming mileage reimbursement).	STEP 2	Look forward to a call from our office to discuss your volunteer placement.
MAG RSVP	586 East 800 North, Orem, UT 84097	Email	rsvp@mountainland.org
Website	mountainland.org/rsvp	Phone	801-229-3820