

RSVP use only

Start date: \_\_\_\_\_ (the date program reviews and assigns volunteer) VR # \_\_\_\_\_



**AmeriCorps  
Seniors**

## ECUMEN RSVP ENROLLMENT FORM

Retired Senior Volunteer Program

306 N. Ramsey Avenue

Litchfield, MN 55355

Phone: (320) 693-0194 or 1-800-669-6714

E-mail: donnawhitcomb@ecumen.org

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

E-mail Address \_\_\_\_\_ AGE \_\_\_\_\_

Please email my newsletter \_\_\_\_\_ Please mail my newsletter via US Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

WHERE DO YOU VOLUNTEER? \_\_\_\_\_

CLAIMING MILEAGE REIMBURSEMENT: \_\_\_\_ YES \_\_\_\_ NO

If yes you must provide your Social Security Number: \_\_\_\_\_

IF DRIVING PLEASE COMPLETE THE FOLLOWING:

DRIVER'S LICENSE NUMBER \_\_\_\_\_

AUTO INSURANCE PROVIDER \_\_\_\_\_

Beneficiary for RSVP SUPPLEMENTAL ACCIDENT INSURANCE:

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Please complete back of this page & sign.**

PLEASE INDICATE WHEN YOU ARE AVAILABLE TO VOLUNTEER, MONDAY THROUGH SUNDAY AND INDICATE MORNINGS, AFTERNOONS AND/OR EVENINGS:

\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR AREA OF PREFERENCE TO VOLUNTEER? \_\_\_\_\_

TO HELP US UNDERSTAND YOUR NEEDS/WANTS AND TALENTS PLEASE COMPLETE THE FOLLOWING QUESTIONS:

A) WHAT MADE YOU DECIDE TO INQUIRE ABOUT VOLUNTEERING?

B) DESCRIBE SOME OF YOUR CAREER OPPORTUNITIES, INTERESTS AND HOBBIES.

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN IN THE AREA INDICATED:**

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 AM WILLING TO ACCEPT THE RESPONSIBILITIES OF VOLUNTEER SERVICE AND ACCEPT THE REQUIRED TRAINING TO BECOME A VOLUNTEER. I WILL KEEP CONFIDENTIAL **ALL** INFORMATION WHICH I MAY HEAR DIRECTLY AND INDIRECTLY CONCERNING A PARTICIPANT THAT I AM VOLUNTEERING FOR.

**SIGNATURE OF VOLUNTEER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Thank you for your interest in volunteering. Please mail and / or bring the completed application to:  
**Station site supervisor or mail to RSVP, 306 N Ramsey, PO Box 155 Litchfield, MN 55355**

**SIGNATURE OF RSVP STAFF** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*Optional demographics**

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ Hispanic \_\_\_\_\_ Latino \_\_\_\_\_ Non-Hispanic or Non-Latino

**Racial Group:** \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian, Black or African American  
\_\_\_\_\_ Native Hawaiian or Pacific Island \_\_\_\_\_ White

Are **you** a member of the US Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a **family member** currently serving in the US Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_