

# RSVP



RETIREED SENIOR VOLUNTEER PROGRAM  
401 North Bell  
Shawnee, OK 74801  
(405) 275-7910

## VOLUNTEER REGISTRATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender Female/Male

**Ethnic Group** \_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Native/Alaskan American \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Previous Occupation(s) \_\_\_\_\_ Previous Employer \_\_\_\_\_

Skills/Hobbies/Interests \_\_\_\_\_

Other Languages \_\_\_\_\_ Do you volunteer now? If yes, where? \_\_\_\_\_

Physical Consideration(s) to be considered in choosing your volunteer assignment? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

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

### RSVP SUPPLEMENTAL AUTO LIABILITY INSURANCE INFORMATION

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Driver's License# \_\_\_\_\_ Auto Insurance Co. \_\_\_\_\_

Do you carry the state-required minimum liability insurance? \_\_\_\_\_

To assist in the process of appropriate volunteer placement, RSVP may choose to access public criminal records for registered volunteers.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RSVP Staff

\_\_\_\_\_  
Date

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**BENEFICIARY FOR RSVP SUPPLEMENTAL INSURANCE: (required)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECOND CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**PHOTO RELEASE:**

I hereby grant Central Oklahoma Community Action Agency Group, Inc.-Retired Senior Volunteer Program (RSVP) permission to use photographs of me taken while volunteering for use in future marketing media.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SPECIAL ON-CALL LIST:**

Would you like to be included on our Special On-Call List? (This list we refer to when local non-profits are looking for one time assistance with special events, we will call volunteers on our list when we receive requests for assistance from the non-profits).

\_\_\_\_\_ Yes \_\_\_\_\_ No