



RSVP

RETIRED AND SENIOR VOLUNTEER PROGRAM

Sponsored by Sullivan County Office for the Aging
100 North Street, Monticello, NY 12701 * (845) 807-0241



Volunteer Application & Insurance Form

SOCIAL SECURITY # _____ HOW DID YOU HEAR ABOUT RSVP? _____

ARE YOU A VETERAN? YES _____ NO _____ RELATIVE OF A VETERAN (includes deceased family members)? YES _____ NO _____

ARE ANY OF YOUR FAMILY MEMBERS IN ACTIVE MILITARY STATUS? YES _____ NO _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE #: _____ EMAIL ADDRESS: _____

BIRTHDATE: _____ SEX: M ___ F ___ CELLPHONE: _____

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 ASSIGMENT. PLEASE LIST A BENEFICIARY OTHER THAN YOURSELF:

NAME: _____ RELATIONSHIP: _____ PHONE _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

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

NAME: _____ RELATIONSHIP: _____ PHONE _____

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

VOLUNTEER STATION: _____ VOLUNTEER ASSIGNMENT: _____