

**Oxford/Lafayette County Retired and Senior Volunteer Program (RSVP)
Volunteer Enrollment Form**

Please print and complete all sections.

Name _____ Birth date _____
Street Address _____ City, Zip _____
Mailing Address _____ City, Zip _____
Phone _____ E-Mail _____

Married ____ Single ____ Widow ____ Divorced ____

Ethnic Group: Caucasian ____ African-American ____ Hispanic ____ Other ____

Physical/Medical Limitations _____

Do you have a car? Yes ____ No ____ Claiming mileage reimbursement? Yes ____ No ____

Driver's license # _____ State _____ Exp. Date _____

*If claiming mileage reimbursement, please include a copy of your proof of insurance.

Previous Occupation _____

Skills/Interests/Languages _____

Volunteer Experience _____

Are you a veteran? _____

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Would you like to be included on our Special On-Call List? Yes ____ No ____

SPECIAL ON-CALL LIST: This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from the non-profits.

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.

Signature of Volunteer Date Signature of RSVP Staff Date

If you are currently volunteering somewhere, please list below:

Please list the Volunteer Stations/areas you would be interested in helping:

Lafayette County RSVP Publicity Release Form

I, _____, give my permission for my name, photograph and/or quotes to be used for promotional and/or informational purposes by **Lafayette County RSVP**.

Signature: _____ **Date** _____

Print name: _____

Address: _____

Phone: _____



Oxford Park Commission
RSVP
Consent/Release Form

Applicant's Name (printed)

Date of Birth _____

Applicant's address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Driver's license check
- Automobile insurance check

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____ Date _____

Signature:
