

**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 _____

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.

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: _____