

RSVP VOLUNTEER ENROLLMENT FORM

Name _____ M ___ F ___ Birth Date _____

Address _____ City _____

Zip _____ Phone no. _____ Email _____

Retired ___ Employed ___ Previous or Current Work _____

Physical or Medical Limitations that need to be considered in your volunteering _____

Are you currently volunteering? Yes ___ No ___ If yes, where? _____

Are you a veteran? Yes ___ No _____

How did you learn about the RSVP program? _____

Supplemental Insurance Statement

I understand that the auto liability, volunteer liability and accident insurance provided by RSVP are supplemental to my own insurance and a claim may be covered only after my insurance limits have been reached. I agree to maintain my automobile insurance equal to or greater than the minimum limits required by the State of Wisconsin. RSVP also provides accidental death and dismemberment coverage while volunteering.

Accidental Death Beneficiary Name _____ Relationship _____

Address _____ Phone _____

Volunteer Agreement

I will volunteer my services through the United Way RSVP of Marathon County volunteer program. I understand the supplemental insurance statement above and agree to those terms. I agree to abide by the specific responsibilities and policies as stated in the written volunteer job description by the Volunteer Station I choose to volunteer with. By signing below, I give permission to RSVP to use my name and /or picture in news stories, newsletters, news releases, etc. to help promote RSVP.

Signature _____ Date _____