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.

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____________________

RSVP also provides accidental death and dismemberment coverage while volunteering.
Accidental Death Beneficiary Name________________________ Relationship_______
Address________________________________________ Phone____________________

705 S. 24th Ave., Suite 400B, Wausau, WI 54401 • P 715-298-5721 • rsvp@unitedwaymc.org

2.1.21
FOR RSVP OFFICE USE ONLY

Orientation: ____________________________ Date ____________ By ____________

Volunteer Station Referred ____________________________ Date _____ By ________

Volunteer Station Referred ____________________________ Date _____ By ________

Other Notes:

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