



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 _____

FOR RSVP OFFICE USE ONLY

Orientation: _____ Date _____ By _____

Volunteer Station Referred _____ Date _____ By _____

Volunteer Station Referred _____ Date _____ By _____

Other Notes:
