

## **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 \_\_\_\_\_