



Retired Volunteer Registration Form

Retired Senior Volunteer Program

237 26th St.

Ogden, UT 84401

801-778-6897- 801-625-3865

Fax: 801-778-6830

FOR OFFICE USE ONLY!

Volunteer #: _____

Date: ____/____/____

Please Print and complete form

Male _____ Female _____

Station Name: _____

Volunteer Information:

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact

Emergency Contact: _____ Phone: _____

Relationship: _____

Statistical Demographic Information:

Are you a veteran? Yes No

Birthday: ____/____/____

Which ethnic group to identify with?

- African-American /Black
- Asian/ Asian American
- Caucasian/ White
- Pacific Islander/Native Hawaiian
- American Indian/Alaskan Native
- Hispanic/ Latino
- Two or More Races

Physical/Medical Limitations/Disability: _____

How did you hear about RSVP? Friend Newspaper Staff Other _____

Do you Read/Speak a Foreign Language? Yes No If yes, what language(s)? _____

Volunteer Interests

Are you currently volunteering? _____ If so, where? _____

Additional volunteer experience: _____

What are you doing at the volunteer site? _____

Volunteer Interests:		
<input type="checkbox"/> Bird and Nature Centers	<input type="checkbox"/> Receptionist/Answer Phones	<input type="checkbox"/> Tutoring Children
<input type="checkbox"/> Teaching Community Classes	<input type="checkbox"/> Crafting/donating homemade items	<input type="checkbox"/> Museum Work
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Serving Meals at Senior Centers	<input type="checkbox"/> Thrift Store
<input type="checkbox"/> Friendly Visiting/Telephone Reassurance	<input type="checkbox"/> Transportation	
Other: _____		

Information Necessary for Supplementary auto Insurance and Mileage Reimbursement:

Will you be driving your own vehicle to your volunteer site? Yes No

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. **Initial** _____

Claiming Mileage Reimbursement? Yes No

If yes,

Driver's License#: _____ **State:** _____ **Exp. Date:** _____

Beneficiary : Must be filled out:

Who would you like to designate as your beneficiary? Beneficiaries are needed in case of death while serving and for mileage payouts.

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Phone: _____

I, _____ will volunteer my services through the Retired and Senior Volunteer Program (RSVP), and I understand I will not be paid for my services. I understand that I may be terminated from RSVP if foul or abusive language and hostile or aggressive behavior is used while providing my volunteer services. I also understand if I use my personal car for my volunteer services, I will keep my car insured as required by the State of Utah and maintain a current driver's license. I also understand that if I feel that I have been treated unfairly or discriminated against I may request a Fair Hearing by contacting Weber Human Services. 801-625-3700

Volunteer Signature: _____ **Date:** _____

RSVP Director Signature: _____ **Date:** _____

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 or email volunteers on our list when we receive requests for assistance from the non-profits.

Would you like to be included on our Special On-Call list? Yes No

Photo Release

When we have events we like to take pictures and use them for newsletters and marketing. **Initial** : _____