



RSVP 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

Volunteer Information:

Station Name: _____

Legal Name (First, Middle, Last): _____

Preferred Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

Emergency Contact

Emergency Contact: _____ Phone: _____

Relationship: _____

Statistical Demographic Information:

Date of Birth: ____/____/____

Male _____ Female _____

Are you a veteran? ☐ Yes ☐ No

Ethnicity

☐ 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)? _____

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: _____

Phone: _____

Photo Release

I hereby grant the RSVP program permission to use my photograph in publication, print ad, direct-mail piece, electronic media (e.g. video, social media, internet, website), or other form of promotion. Photographs may be used without payment or any other consideration. :

Initial _____

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 **Due to budget cuts we are unable to give mileage at this time.**

If yes,

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

By signing below I verify that I am age 55 or older, I also...

I understand that I am not employed by Weber Human Services or the station where I serve. I understand that I am serving as a volunteer through the Retired and Senior Volunteer Program (RSVP), and will not be paid for my services.

I understand that as a volunteer I may be released from my volunteer service by RSVP or the volunteer station where I serve.

I understand if I use my personal car for my volunteer services, I will carry active insurance as required by the State of Utah and maintain a current driver's license.

I have received a copy of the RSVP volunteer handbook and have read and understand the policies or the program, which includes the federal prohibited activities, reasonable accommodations, **code of conduct** and grievance procedure.

Volunteer Signature: _____ **Date:** _____

Please attach a copy of the front of your drivers license: If you have any questions about this please contact me at 801-778-6897

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 ☐

Volunteer Interests

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

What job are you performing at this volunteer site? _____

Additional volunteer experience: _____

Volunteer Interests:		
☐ Bird and Nature Centers	☐ Receptionist/Answer Phones	☐ Tutoring Children
☐ Teaching Community Classes	☐ Crafting/donating homemade items	☐ Museum Work
☐ Food Pantry	☐ Serving Meals at Senior Centers	☐ Museums
☐ Friendly Visiting/Telephone Reassurance	☐ Transportation	
Other: _____		