

Green Mountain RSVP Volunteer Application

Name _____ Date _____
Mailing Address _____ Date of Birth _____
Street Address _____ M ___ F ___
Town _____ State _____ Zip _____ E-mail _____
Town of Residence _____
Phone (Day) _____ (Night) _____

What previous volunteer experiences have you had?

What is the best time for you to volunteer?

Weekdays _____ AM _____ PM
Weekends _____ AM _____ PM

How often do you want to volunteer?

_____ A regular assignment _____ More than once a week _____ Once a Week
_____ Every two weeks _____ Once a month _____ Occasionally

Occupation (past/present) _____

How did you hear about us? _____ Friend _____ Newspaper _____ Other _____ Radio _____ Staff _____ TV
_____ Through a volunteer _____ Through church _____ Internet

What do you use for transportation? _____ Own a Car _____ Ride with a friend _____ Needs a ride _____ Car
Pool _____ Public Transportation _____ Bicycle _____ Taxi _____ Walk

What skills, hobbies or interests do have?

Emergency Information:

In case of emergency who should be contacted?

Name _____ Relationship _____
Phone (day) _____ (Night) _____

Doctor's Name _____ Phone _____

Do you have any medical condition of which we should be aware? ___ No ___ Yes (explain)

RSVP Supplemental Insurance Coverage:

RSVP provides supplemental liability, excess auto liability and life insurance at no cost to registered volunteers who are 55 and **older**. This policy covers a volunteer during the assigned volunteer activity with RSVP. Additional information about this insurance is available at your request.

Beneficiary's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to volunteer _____

Excess Auto information:

1. Do you have a valid Driver's License? ___ Yes ___ No ___
State _____ License# _____ Expiration date? _____
2. What model and year car do you drive? _____
3. Who is your automobile insurance company? _____
4. Have you taken a refresher driver's training class? _____ If yes. When? _____
5. Are you interested in taking a driver's refresher class such as AARP's 55 Alive? _____

(Signature of Volunteer)

(Date)

(RSVP Program Manager)

(Date)

Return to:

215 Pleasant Street
Bennington, VT 05201
802 447-1545

Green Mountain RSVP & Volunteer Center
81 High Street
Brattleboro, VT 05301
802 254-7515

199 Union Street
Springfield, VT 05156
802 885-2083