



**Retired Senior Volunteer Program
Of Central Arkansas**

ENROLLMENT FORM

Mr. Mrs. Miss Ms. NAME: _____

Street Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

County: Pulaski Saline Lonoke Garland Home Phone () _____

Gender: __Male __Female Birthday: _____ e-mail _____

Primary Language: English Spanish Other: _____

Ethnicity: Caucasian African-American Hispanic Asian Native American/Alaskan
Other: _____

Emergency Contact: _____ Phone: _____

Retired From _____ Occupation _____

Are you a Veteran of the United States Armed Services? _____

Skills, Talents and Interests (such as tutoring, singing, computers etc.)

ON-CALL LIST – This is a list we refer to when local non-profit organizations request assistance with special events and tasks. *Example: Assist with local festivities, mail outs for special events, etc.*

WOULD YOU LIKE TO BE INCLUDED ON OUR ON-CALL LIST? ___ YES ___ NO

HOW OR FROM WHOM DO YOU LEARN ABOUT RSVP? _____

IF YOU CURRENTLY VOLUNTEER WITH AN ORGANIZATION PLEASE LET US KNOW WHERE AND WHEN.
Example: Wednesday morning at Veterans Hospital



Please complete front and back of enrollment form. Page 2 requires your signature.





All volunteers are provided life insurance while they volunteer at no cost to the volunteer. Please complete beneficiary information requested in the block below:

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____
Address _____ Phone _____

What physical/medical limitations should be taken into consideration when arranging volunteer assignments for you? _____

VOLUNTEER STATEMENT

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile insurance equal to or greater then the minimum required by the state in which I reside.

As A RSVP Of Central Arkansas Volunteer, I understand that my conduct reflects not only upon myself but also upon RSVP and the RSVP sponsoring agency, Future Builders, Inc. High standards of behavior, ethics, confidentiality, mutual respect and good manners will be required. I, therefore, fully understand that as a member of RSVP that I will have a BLAST!!!

Signature of new RSVP Volunteer

Date



Please mail, fax or drop off enrollment form to RSVP of Central Arkansas at:
16117 Hwy 365S, Little Rock, AR. 72206 or
Fax to: (501) 897-0794

For Office Use Only

Days/hours NOT available for volunteering: _____

Current volunteer assignments: _____

Referred to: _____

Signature of RSVP Volunteer Manager/Program Director

Date