

WestArk RSVP Volunteer
ENROLLMENT FORM

RSVP
Lead With Experience

Mr. Mrs. Miss Ms. Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ *If different than above* City _____ State _____ Zip _____

Home Phone (_____) Cell Phone (_____)

E-Mail Address _____

Gender Male Female **Newsletter?** Paper OR Electronic

Will you be driving to your volunteer assignments? Yes No

Birth Date _____ / _____ / _____ *(RSVP members must be at least 55 years of age.)*

Languages English Spanish Other: _____

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

County Benton Boone Carroll Crawford Madison
 Marion Sebastian Washington Other: _____

Emergency Contact _____ Phone _____

Are you a Veteran of the U.S. Armed Services? Yes No

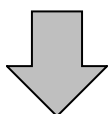
Retired from _____ Previous Occupation _____

Skills, Talents and Interests *(such as piano player, tutoring, golf, computers, etc.)*

HOW OR FROM WHOM DID YOU LEARN ABOUT RSVP? _____

IF YOU CURRENTLY VOLUNTEER WITH AN ORGANIZATION PLEASE LET US KNOW WHEN AND WHEN.

Example: Wednesday morning at North Elementary School _____



Please complete front and back of the 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 while volunteering, I will keep in effect automobile insurance equal to or greater than the minimum required by the state in which I reside.

As a WestArk RSVP Volunteer, I understand that my conduct reflects not only upon myself but also upon RSVP and the sponsoring agency, Western Arkansas Counseling and Guidance Center, Inc. High standards of behavior, ethics, confidentiality, mutual respect, loyalty and good manners will be required. I, therefore, fully understand that my RSVP Volunteer Membership can be terminated if I engage in inappropriate behavior as determined by the Program Director.

Signature of new RSVP Volunteer _____ Date _____



Please mail or drop off enrollment form to WestArk RSVP at:
401 North 13th Street, Fort Smith, AR 72901 or
114 North 34th Street, Rogers, AR 72756

For Office Use Only

Days/hours NOT available for volunteering: _____

Current volunteer assignments: _____

Referred to: _____

Signature of RSVP Volunteer Manager/Program Director _____ Date _____