

# RSVP-VP

Retired and Senior Volunteer Program  
Bay Aging  
P O Box 610  
Urbanna, Va. 23175  
Ph 804-758-8853  
E-mail: krogers@bayaging.org

## VOLUNTEER REGISTRATION FORM

1	Name _____ Birthdate ____/____/____ DOB verified: _____ Source: _____ Street _____ City _____ Zip _____ CELL Phone _____ Home Phone _____ Email: _____ County in which you Volunteer: _____ Ethnic Group: Caucasian, African American, Hispanic, Native American, Asian, Other
2	Employment Experience: _____ Volunteer Experience: _____
3	Preferred Volunteer Assignment: _____ Days Available: _____
4	I have a physical condition RSVP needs to know: _____ Emergency Contact: _____ Phone: _____ Street: _____ City: _____ Zip: _____ Doctor's Name: _____ Phone: _____
5	Beneficiary for RSVP Supplemental Accident Insurance: NO COST TO VOLUNTEER Name: _____ Relationship: _____ Street: _____ City: _____ Zip: _____ Phone: _____
6	Are you a Veteran? YES _____ NO _____
7	<b>I, _____, volunteer my services through the Retired &amp; Senior Volunteer Program (RSVP) of Bay Aging. I understand that I am <b>not a paid employee</b>. I give my permission for RSVP to use <b>my photograph</b> for promotional purposes. I understand a written assignment description of my assignment is maintained and available to me in the office at my WorkStation or in the RSVP Director's office.</b>

Position Assigned _____	Date Assigned ____/____/____
Signature of Volunteer _____	Date ____/____/____
Signature of RSVP Director _____	Date ____/____/____

### FOR OFFICE USE ONLY

ASSIGNMENT: \_\_\_\_\_ STATION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(REV 08/2019)