



Retired & Senior Volunteer Program/RSVP

A program of Community Action Partnership for Dutchess County, Inc.

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VOLUNTEER ENROLLMENT FORM & WELCOME TO RSVP!

Please complete the information requested below and on the reverse side. All information is considered confidential.

1. Name: Address: City & State: ZIP: Telephone: E-mail: Please circle one: Female Male Birth date: Emergency contact name & phone:

2. I am presently a volunteer for: I am not sure where I would like to volunteer and need some information: Work/occupation now or before retirement: Skills, interests, hobbies: Special training, experience, etc.: Type of volunteer position looking for: The name & contact number of my reference is:

3. Designation of Beneficiary (for RSVP Accident Insurance) is required for insurance benefits: Name Relationship Address Telephone #

4. I hereby agree to volunteer my services through the Dutchess County RSVP as a volunteer member and not as an employee of RSVP, and that the information on this application is true to the best of my knowledge. I also hereby certify that I am 55 years of age or older.

Signature of Volunteer: Date:

Signature of RSVP Director: Date:

Please continue on other side!

5. How did you learn about RSVP? _____

6. Please check type of transportation to and from volunteer site:

Own Car (see below) Car Pool Public Transportation (train, bus) Taxi Walk

If the RSVP Volunteer drives a car, the items below must be filled in:

RSVP Volunteer Insurance Statement:

I, _____-RSVP Volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability and required insurance equal to the minimum or above required in the County of Dutchess and State of New York current.

Signature _____ Date _____

Driver's license ID# _____
from your photo card: _____ Expiration date: _____

Current insurance carrier: _____ Expiration date: _____

7. RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (**Optional**).

Are you a veteran? Yes No Dates of Service: _____

Are you an active Military Member?

Are any of your family members actively serving in the military? _____

Race/Ethnic Background

White Asian African American Hispanic/Latino

American Indian/Alaska Native Pacific Islander Other

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP or AmeriCorps.



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