



Retired & Senior Volunteer Program/RSVP

A program of Dutchess County Community Action Partnership

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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. Optional, used only for RSVP demographics:

Race/Origin: _____

Are you a veteran? Yes No Dates of Service _____



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