

Retired and Senior Volunteer Program

145 South Main Street – Lexington, Tennessee 38351

Phone: 731-968-7548 – Fax: 731-968-4559

VOLUNTEER ENROLLMENT RECORD AND INSURANCE FORM

Name

Mr.
Miss
Mrs.

(Last) (First)

Address _____
(Street Address) (City) (State) (Zip Code)

Date of Birth _____ Languages Spoken: _____

Years of Education Elementary _____ High School _____ College _____

Telephone Number _____ Driver's License Number _____

Check One Single _____ Married _____ Widowed _____

Number of Years of Previous Volunteer Service _____

Time Available _____ AM _____ PM Days Available _____

Preferred Volunteer Assignments _____

Plan to Drive Own Car Regularly _____ Occasionally _____ Never _____

Emergency Contact's Name _____ Phone _____

Address _____

City _____ State _____

Referred to RSVP by _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE

Name _____ Relationship _____

Address _____

City _____ State _____

Enrollment Date _____

Signature of Project Director

Signature of RSVP Volunteer