

**Retired and Senior Volunteer Program
Volunteer Enrollment Form**

Name: _____ **Date of Birth:** ____/____/____
Address: _____ **Phone #:** _____
City: _____ **Zip:** _____
Please Check One: Single: () Married: () Widowed: ()

Physical Limitations: _____

Previous Occupation/Volunteer Experience: _____

Personal Interests, Hobbies, and Special Skills: _____

Volunteer Times Preferred: _____

Person to Notify In Case of Emergency: _____

Address: _____

Phone: (____) _____ **Relationship:** _____

Beneficiary for RSVP Accident Insurance: _____

Address: _____

Phone: (____) _____ **Relationship:** _____

Method of Transportation to Volunteer Assignment: *(for insurance purposes only)*

Personal Vehicle: () **Local Transit Program:** () **Other:** ()

If driving personal vehicle to volunteer assignment and wish to receive mileage reimbursement, please complete following:

Driver's License Number: _____ **Expiration Date:** ____/____/____

Vehicle License Number: _____ **Insurance Co. & Policy #:** _____

I agree to keep in affect the minimum amount of auto liability insurance and a valid driver's license as required by the State of Wyoming.

_____ **By initialing here, I understand that I may be required to submit to fingerprinting for a background check.**

VOLUNTEER SIGNATURE

PROJECT DIRECTOR

DATE