



RSVP VOLUNTEER ENROLLMENT SHORT FORM

Return completed, signed form to:
405 Canyon Ave., Fort Collins, 80521

OR Email to voarsvp@frii.com OR Fax to 970-472-8393

HOW DID YOU HEAR ABOUT RSVP? (check one):

- United Way 211 or Volunteer Match
Church
Internet
Newspaper
Radio
Volunteer Fair
Presentation/ Volunteers of America Staff
Community Publication
Word-of-Mouth (not another volunteer)
My Current Volunteer Position (please tell us where!)
Another Volunteer (please provide name so we can thank him/her!)

PERSONAL INFORMATION: Please print clearly

Name: (LAST) (FIRST) (MI)
Address: City: Zip:

Home Phone: Cell Phone: Work Phone:

Date of Birth: E-mail address:

Gender: Female Male

Are you an actively serving or veteran member of the armed forces?

- Yes, I'm a Veteran
Yes, I'm Active Duty
No

Is a family member (spouse, parent, child) actively serving or a veteran member of the armed forces?

- Yes, I am in a Veteran Family
Yes, I'm in an Active Military Family
No

Ethnicity (Optional): Non-Hispanic Hispanic

Race (Optional): White Black Asian Pacific Islander American Indian/Alaskan Native Other

AUTO INFORMATION: (If you do not complete this section, you will not receive supplemental Auto Liability Insurance)

Driver's License #: State: Expires:

Colorado requires that all drivers have auto insurance and a valid driver's license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado Driver's license and minimum automobile insurance.

Do you have automobile insurance? Yes No Initial: Date:

RSVP ACCIDENTAL DEATH BENEFICIARY: (Required for all RSVP Enrollees)

Name: Relationship:

Address: Phone:

WHERE DO YOU CURRENTLY VOLUNTEER?:

WHAT DO YOU DO THERE?:

ACKNOWLEDGEMENT:

I understand the information on this form is completely confidential. I realize I am not an employee of Volunteers of America or any of the sites where I serve. I understand that Volunteers of America will require a background check, depending on my volunteer assignment. I understand that any information or omission may disqualify me from further consideration for volunteering and may result in my dismissal. I have read, understand, and by my signature consent to these statements.

Volunteer Signature: Date:

Staff Signature: Date: