

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 may 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:** _____