RSVP OF BERGEN COUNTY
FOR VOLUNTEERS 55 AND OLDER
VOLUNTEER ENROLLMENT FORM

Mail to: Volunteer Center of Bergen County c/o RSVP
64 Passaic Street, Hackensack, New Jersey 07601

Please print and complete all sections.

Name: _____ Birth Date: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Ethnic group: ___ Caucasian ___ African American ___ Hispanic

___ Native American ___ Asian Pacific Islander ___Other

Physical Limitations: _____

Do you have a car? __ Yes __ No Claiming mileage reimbursement? __Yes __No

Drivers License #_____State: _____Expiration Date: _____ _____

***If you are claiming reimbursement, please include a copy of your proof of insurance.**

Emergency contact:_____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Your Employment Experience:_____

Skills/Interests/Languages: _____

Volunteer Experience:_____

Do you currently volunteer, if so where? _____

Days/Hours you may be available:_____

Do you wish to be contacted by the Volunteer Center regarding topics other than RSVP? Yes __ No __

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state law.

_____ _____ _____
Name (print) Signature Date