

**RETIRED & SENIOR VOLUNTEER PROGRAM OF BERGEN COUNTY
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: _____

You're Employment Experience: _____

Skills/Interests/Languages: _____

Volunteer Experience: _____

Days/Hours you may be available: _____

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