Ver #082307

204 LAUREL STREET, SUITE 11
BRAINERD MN 56401
rsvp@co.crow-wing.mn.us

Office Use Only
Orig Reg. Date

_____/_____/____

Vol. #_____

"An Invitation to Serve."

VOLUNTEER REGISTRATION

PLEASE PRINT

Mr/Mrs/Ms _____ Date _____

Address _____ Phone (____)_____

City/State/Zip_____E-mail _____

Birthdate _____/_____/_____ Single _____ Married _____ Widowed _____

HOW DID YOU LEARN ABOUT RSVP?

Friend _____ Newspaper _____ Radio _____ Staff _____ TV _____ Other _____

AUTOMOBILE REGISTRATION (RSVP provides free excess auto insurance)

Drivers License Number _____

Automobile Insurance Company _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE (RSVP provides free accidental death insurance)

Beneficiary _____Relationship _____

Address _____ Phone (____)_____

BASIC UNDERSTANDING

I have read and understand that I am volunteering my services through RSVP Volunteer Services of Crow Wing County, with offices in Brainerd, MN and understand I am not an employee of RSVP.

In addition, if I use my personal automobile in my volunteer services, I will keep in effect automobile liability insurance equal to the minimum limits set by our state.

By signing this registration form I hereby give permission to RSVP Volunteer Services to use my name and/or photograph in news stories, newsletters, news releases, etc. to help RSVP in promoting the program.

_____ _____

Signature of Volunteer Signature of RSVP Director

θθθ Please complete BOTH sides. θθθ

VOLUNTEER INFORMATION

Previous work/Occupation _____

Education/Training _____

Prior Volunteer Services _____

Where are you currently volunteering? _____

Times Available: Hours _____ Days _____

Do you go south during the winter months: _____ How long? _____

How do you plan to get to get to your volunteer assignment?

Walk _____ Drive _____ Car pool _____ Public Transport _____ Other _____

VOLUNTEER INTERESTS

Interests/Hobbies _____

I would be interested in volunteer assignments at the following sites:

_____ Caregiver Support

_____ Adult Day Care

_____ Intergeneration

_____ Senior Centers

_____ Transportation

_____ Respite Care

_____ Advocacy

_____ Home Delivered Meals

_____ Home Modification

_____ Literacy

_____ Crisis Intervention

_____ Friendly Visiting

_____ Environmental

_____ Clothes Closets

_____ Historical Society

_____ Youth Mentoring

_____ Disaster Services

_____ Food Distribution

_____ Tax Preparation

_____ Care Facilities

_____ Ramp Construction

_____ Schools, Preschool, College

_____ *Foster Grandparent/Senior Companion

_____ Tourist/Information Booths

_____ Habitat for Humanity

_____ Camp Confidence

_____ Assisting RSVP with Special Projects

_____ Other_____

* = Enhanced Benefits Program