

RETIRED & SENIOR VOLUNTEER PROGRAM ENROLLMENT APPLICATION
2222 SOUTH COLLEGE ROAD
WILMINGTON, NC 28403
910-798-6400

Mr/Mrs/Ms: _____ Enrollment Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (HOME) _____ (CELL) _____

Email: _____ Birthdate: _____

Gender: _____ Race: _____ Marital Status: _____ Veteran: _____ Spouse of Veteran: _____

How did you hear about RSVP: _____

Mailing Address if different than above: _____

Emergency Contact: _____

Address: Same as volunteer _____

City: _____ State: _____ Zip: _____

Relationship: _____ Phone: _____

Skills: _____

Interested Stations: _____

INSURANCE STATEMENT:

I am enrolling as a senior volunteer. I designate the following persons as Beneficiary of RSVP accident/life insurance, which is a secondary coverage during my volunteer activities. It is provided to me at no cost.

Beneficiary: _____ Relationship: _____

Address: Same as volunteer _____

City: _____ State: _____ Zip: _____

Phone: _____

I understand that if I use my personal automobile in my volunteer service I must keep my automobile insurance which meets NC minimum requirements.

NC Drivers License: _____ Expiration Date: _____

SIGNATURE OF VOLUNTEER: _____

RSVP STAFF MEMBER INTERVIEWING VOLUNTEER: _____