



RSVP

Lead with Experience



Retired Senior Volunteer Program of Cape May County Volunteer Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name: _____ Birth Date: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Have you ever been convicted of a **criminal offense** or **misdemeanor**? Yes No

If Yes, please attach an explanation of charges, date of offense, and status of the charges.

Are you a veteran? Yes No

Are you an active Military Member? Yes No

The following information is optional and will not affect your enrollment with Cape May County RSVP

Gender: Male Female Ethnic Origin: Asian African American American Indian/Alaska Native Caucasian Hispanic Pacific Islander Other

Special Skills, Training, Interests: _____

Preferred Volunteer Experience: _____

Availability: Mon Tues Wed Thurs Fri Mornings Afternoons

Do you require any special accommodations? If yes, please describe: Yes No

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:

Beneficiary for RSVP Supplemental Accident Insurance

Name/Relationship: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

RSVP Station: _____ ID Verified _____

