



Greater Hartford & Central CT RSVP
Community Renewal Team, Inc.
 90 Retreat Avenue
 Hartford, CT 06106
 860-760-3088 FAX: 860-560-5850



Corporation for
NATIONAL & COMMUNITY SERVICE

RSVP Volunteer Enrollment Form

Last Name _____ First Name _____ Init. _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Phone No. (_____) _____ Cell Phone. (_____) _____

E-mail Address _____ <(Required)> Date of Birth ____/____/____

Ethnicity: Caucasian African-American Hispanic Native American/Alaskan Asian/Pacific Islander Middle Eastern

Marital Status: Married Single Widowed/Widower Divorced Separated

Veteran: Have you ever served in the military OR are you a spouse of a veteran

Physical/Medical Limitations (If any) _____

Do you have a car? Yes No If registering for a program where you will be engaged in using your personal automobile (I.E. Volunteer Medical Transportation Program, Hm Del Meals Driver, etc.) please include name of insurance company & copy of proof of insurance & driver's license, understanding that if you use your personal automobile, you will arrange to keep in effect automobile insurance equal to or greater than the minimum required by state.

Driver's License # _____ State _____ Exp. Date _____

Automobile Insurance Co _____ Exp. Date _____

Emergency Contact _____ Phone _____

(In the case of injury or illness while volunteering, who should we contact?)

Beneficiary for RSVP Supplemental Insurance: (Accidental death benefit free of charge to volunteers)	
Name _____	Relationship _____
Address _____	Phone _____

Employment Experience _____

Volunteer Experience _____

 Volunteer Signature Date

 RSVP Staff Signature Date

INTERVIEW NOTES: STAFF AREA – DO NOT WRITE BELOW THIS LINE

