



Greater Hartford & Central CT RSVP
Community Renewal Team, Inc.
160 Coventry Street, Bloomfield, CT 06002
860-519-3484



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, MOW's 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 _____

Media Release Certification: By signing below (Volunteer Signature); I hereby grant the Greater Hartford & Central CT RSVP permission to use my likeness in photograph(s)/video in any and all of its publications or on the world-wide web, whether now known or hereafter existing, controlled by the Greater Hartford & Central CT RSVP in perpetuity. I will make no monetary or other claim against the Greater Hartford & Central CT RSVP for the use of the photograph(s)/ video.

Policy & Procedure Handbook: By signing below (Volunteer Signature) I, also, hereby acknowledge that I have received the Policies and Procedures Handbook. I understand that if I have any questions or concerns regarding the handbook, it is my responsibility to contact RSVP at 860-519-3484.

_____	_____	_____	_____
Volunteer Signature	Date	RSVP Staff Signature	Date

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