



Adams, Brown & Pike Counties **RSVP**



1301 S. 48th St.
Quincy, IL 62305
217-641-4961

108 N. Capitol
Mt. Sterling, IL 62353

39637 260th Avenue
Pittsfield, IL 62363
217-641-4273

VOLUNTEER REGISTRATION

RSVP does not discriminate on the basis of race; color; national origin; gender; sexual orientation; religion; age; disability; political affiliation; marital or parental status; or military service.

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ E-Mail _____

Veteran: ___ Yes ___ No If yes, what branch of service _____

Emergency Contact : _____ Relationship: _____

Home Phone _____ Cell _____

Currently Volunteering at: _____

Do you want additional volunteer opportunities at this time? Yes ___ No ___

Physical/Medical Limitations _____

If you found out about RSVP through another RSVP volunteer, please indicate the name of the volunteer:

Volunteer Insurance Plan(s):

(All RSVP members are provided these insurance plans at no charge while volunteering for RSVP)

ACCIDENTAL MEDICAL INDEMNITY: pays up to \$50,000 for expenses not covered by Medicare or other private health

Insurance(s).

ACCIDENTAL DEATH OR DISMEMBERMENT: pays up to \$2,500 for loss of life, limb or sight. Since there is a death benefit involved, please name a beneficiary (below):

Beneficiary: _____ Relationship: _____ Phone: _____

I volunteer my services through the Retired and Senior Volunteer Program of Adams, Brown, & Pike Counties, and understand that I am NOT an employee of RSVP. I HEREBY GIVE MY PERMISSION TO rsvp to use any and all photographs, tapes, slides, or movies taken of me for purposes of publication, news releases, posters, news coverage, or other publicity or public relations activities, including televised public service announcements, social media websites, and agency/program websites.

-Please Continue on Reverse Side-

I understand that if I use my personal automobile in my volunteer service I will arrange to keep in effect automobile liability insurance at least equal to the minimum limits required by the State of Illinois.

Car: Yes _____ No _____

Auto Insurance: Yes _____ No _____ Company: _____

Driver's License # _____ State: _____ Expiration: _____

I CERTIFY THAT I HAVE READ THIS REGISTRATION FORM AND AGREE TO THE TERMS OF RSVP:

Volunteer Signature (Date) RSVP Director Signature (Date)

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FOR OFFICE USE ONLY:

Station Assigned: _____ Date _____

Notes: _____
