



# Adams, Brown & Pike Counties

# RSVP



1301 S. 48th St.

108 N. Capitol

39637 260th Avenue

Quincy, IL 62305

Mt. Sterling, IL 62353

Pittsfield, IL 62363

217-641-4961

217-641-4146

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: \_\_\_\_\_  
\_\_\_\_\_