



RSVP of the Capital Region, Inc.
 50 Utley Drive, Suite 400, Camp Hill, PA 17011
 717-541-9521 or Toll free 1-800-870-2616
 FAX 717-754-0307, E-Mail: RSVP@rsvpcapreg.org



Volunteer Enrollment Form

Personal Information (please print):

Name: _____ Phone: _____
 Address: _____ County: _____
 City: _____ State: _____ ZIP: _____
 Email Address: _____ **Date of Birth:** _____
 Gender: Male _____ Female _____ Are you a **Veteran?** Yes _____ No _____
 Ethnic Group: Hispanic _____ Non-Hispanic _____
 Race: Caucasian _____, African American _____, Native American/Alaskan _____, Asian _____, Other _____
 Physical/ Medical Limitations: _____
How did you learn about RSVP? _____

Following info needed for free Supplemental Accident, Auto & Liability Insurance Purposes (print neatly):

Emergency Contact: _____ Phone: _____
 Beneficiary for RSVP Supplemental Accident & Liability Insurance:
 Name: _____ Relationship: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Experience, Interests, and Skills (please feel free to use reverse of form):

Employment Experiences: _____
 Skills, Interests, Languages: _____
 Previous Volunteer Experience: _____
 Future Volunteer Interests: _____
 Days/Hours Available: _____

I understand that if I use my personal automobile to and from my volunteer workstation, I will maintain automobile liability insurance equal to, or greater than, the minimum required by the Commonwealth of Pennsylvania. I also understand that none of my RSVP volunteer time will involve political, religious, or sectarian activities.

 Signature of Volunteer Date

 RSVP Executive Director's Signature Date

For Office Use Only: Placement Made On _____ Start Date _____
 Station _____ Station Phone _____
 Volunteer Job _____ Focus Area _____
 County of Residence _____
 Area Coordinator _____ Date _____