



Volunteer Enrollment Form
RETIRED AND SENIOR VOLUNTEER PROGRAM
For Kent County, Delaware

Name _____ Birth Date _____
Street Address _____ City, Zip _____
Phone _____ Email Address _____

Ethnic group: [] Caucasian [] African-American [] Hispanic
[] Native American/Alaskan Native [] Asian, Pacific Islander [] Other

Are you a veteran? [] Yes [] No Branch-

Physical/Medical Limitations _____

Do you have a car? [] Yes [] No

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

Employment/Volunteer Experience _____

Skills/Interests/Languages _____

Days/Hours Available _____

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance (Required in order to enroll in RSVP):

Name _____ Relationship _____

Address _____ Phone _____

I understand that if I use my personal automobile to and from my volunteer work station, I will
arrange to keep in effect automobile liability insurance equal to or greater than the minimum required
by the state. I also understand that a background check may be required from the RSVP Station.

Signature of Volunteer

Date

Signature of RSVP Staff

Date