



RSVP of the Capital Region, Inc.
 50 Utley Dr., Suite 500
 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
 Please print and complete all sections

Personal Information:

Name: _____ Phone: _____
 Address: _____ Birth Date: _____
 City: _____ State: _____ ZIP: _____
 Email Address: _____
 Gender: Male _____ Female _____ Are you a **Veteran**? Yes _____ No _____
 Ethnic Group:
 Caucasian _____ African American _____ Hispanic _____ Native American/Alaskan _____ Asian _____ Other _____
 Physical/ Medical Limitations _____
 Do you have a car? Yes _____ No _____

Following info needed for Supplemental Accident & Liability Insurance Purposes:

Driver's License No. _____ State _____ Exp. Date _____
 Emergency Contact _____ Phone _____
 Beneficiary for RSVP Supplemental Accident & Liability Insurance (provided free of charge):
 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 I will not assist in any 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 _____
 Area Coordinator _____ Date _____