



3801 East Willow Street  
Long Beach, CA 90815  
562-506-2801  
myrsvp@alpertscc.org

Date: \_\_\_\_\_ **RSVP Member Registration**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (**55+ only**) \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_

City/State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive future communications via email?  Yes  No

Are you a veteran?  Yes  No Is your spouse/partner a veteran?  Yes  No

Occupational History: \_\_\_\_\_

Physical conditions/restrictions: \_\_\_\_\_

Are you currently volunteering?  Yes  No If so where?: \_\_\_\_\_

Interests /hobbies: \_\_\_\_\_

I give RSVP permission to use my name/photo for education/publicity purposes:  Yes  No

**Optional Demographics Survey** (check all that apply)

**Ethnicity:**

- Hispanic /Latino(a)
- Non-Hispanic / Non-Latino

**Racial Group:**

- Native Hawaiian/Pacific Island  Caucasian
- American Indian/Alaskan Native  Asian
- Black/African American  Other

**Gender:**

- Male
- Female

**How will you get to/from your volunteer site?**

Car: \_\_\_ Bus: \_\_\_ Walk: \_\_\_ Other: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

\*The driver's license # is **not required if not** using your car to/from volunteer assignment

I understand that if I use my personal automobile in my volunteer service, I must maintain current automobile liability insurance equal to the minimum required by the State of California.

***(PLEASE TURN OVER TO CONTINUE...)***

**Transportation Reimbursement:**

If transportation reimbursement would aid your volunteer efforts, please indicate which method of reimbursement applies to you (check one only):

- Bus Reimbursement     Mileage Reimbursement (your car)     No Reimbursement

**Emergency Information (REQUIRED):**

Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

**CIMA Volunteer Insurance (REQUIRED):**

*Portal to Portal Insurance is provided at no charge to you when you sign up with RSVP*

Beneficiary for RSVP Accident Insurance: \_\_\_\_\_  
(Mandatory for Insurance Policy)

Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Full Address: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
**Signature of Volunteer                      Date                      Signature of RSVP Staff                      Date**

**FOR OFFICE USE ONLY:**

Volunteer # \_\_\_\_\_ Agency Referrals: \_\_\_\_\_

Station Assignment(s) and Duties: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Welcome Letter Sent \_\_\_\_\_ Entered Computer \_\_\_\_\_