



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