



RETIRED AND SENIOR VOLUNTEER PROGRAM MEMBERSHIP APPLICATION

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 yes, 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 (a)

Racial Group:

Native Hawaiian/Pacific Island

Caucasian

American Indian/Alaskan Native

Asian

Black/African American

Other

**Gender Identification
(please specify):**

How will you get to/from your volunteer site?

Car: _____ Bus: _____ Walk: _____ Other: _____

Driver's License #: _____ Expiration Date: _____

Auto Insurance Co.: _____ Policy #: _____ Expires: _____

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 Eligibility:

You are eligible for a mileage reimbursement (bus or car) when you volunteer with any of the following agencies:

Food Finders, Human Service Association(HSA), Japanese Cultural Institute, LBSC (Food Services, IRA), Meals on Wheels, Normandale Senior’s Program, Gardena Senior Program (SCAMP), Torrance Farmers Market, Willowbrook Senior Citizens Center, Long Beach Senior Police Partners & Long Beach Fire Ambassadors.

(Please check appropriate box below)

Bus Reimbursement **Mileage Reimbursement (driving 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 Director** **Date**

FOR OFFICE USE ONLY:

Volunteer # _____ **Agency Referrals:** _____
Station Assignment(s) and Duties: _____
Date Assigned: _____ **Welcome Letter Sent** _____ **Entered Computer** _____