

Volunteer Registration

For volunteers age 55 and better



Arrowhead RSVP

702 3 Avenue South, Virginia MN 55792

(218) 749-2912 or 1-800-662-5711 ext. 228 or 229

nancy.frischmann@aeoa.org

Required Information

Name: _____

Mailing Address: _____

Birthdate (required): _____

Telephone Number: _____ E-mail Address: _____

Social Security Number: _____

(Required only if you will be requesting travel reimbursement.)

Are you volunteering now? Yes _____ Where? _____
No _____

I will travel to my volunteer assignment by: _____ Driving*
_____ Public transportation
_____ Walking
_____ Other ride

***If driving, please complete this information which is required by our insurance carrier:**

Personal Driver's License Number: _____

Auto Insurance Company: _____

RSVP Accident Insurance Information: (Please name a beneficiary or write the word "Estate.")

Name: _____

Address: _____

Relationship: _____

As an RSVP volunteer, I understand that I will be contacted by program staff with information about new volunteer opportunities in my area and I agree to serve when possible.

Volunteer Signature: _____

Date: _____

Optional Information

My Ethnic Group is:

- American Indian/Alaska Native**
- Asian**
- Black or African American**
- Native**
- Hispanic or Latino**
- Hawaiian/Pacific Islander**
- White**
- Other**

Are you a Military Veteran?

Yes No

Are You an Active Armed Forces/Reserve Member?

Yes No

My Gender is:

Female

Male

Physical conditions to consider in making a volunteer assignment:

Hobbies/Skills:

Previous Work/Occupation

I give my permission to use my name or picture in publicity, newsletters, annual reports, etc.

Yes

No

**All information is kept confidential.
RSVP is part of Senior Corps
and sponsored by AEOA.**



RSVP staff signature _____

Date _____