



RSVP - UMaine Center on Aging
Camden Hall
25 Texas Avenue
Bangor, ME 04401-4324

Tel: (207) 262-7926, Fax: (207) 262-7921



An Invitation to Join...

RSVP – Senior Volunteers Responding to Community Needs

VOLUNTEER REGISTRATION FORM

Please print, complete all sections front and back; then send to the address above. *Thank you.*

Personal Information:

Name _____ Date of Birth _____

Address _____ Town _____ State/Zip _____

Phone # _____ E-mail Address: _____

Previous work or occupation: _____

Special qualifications/skills/languages: _____

Do you have any limitations or barriers to your volunteering that we should be aware of?

YES ____ NO ____ If YES, explain _____

Are you currently volunteering? YES ____ NO ____

If so, where? _____

References:

Please list the names and phone numbers of two (2) people (not family members) who can serve as character references for you.

Name: _____ Phone # _____

Name: _____ Phone # _____

DESIGNATION OF BENEFICIARY FOR (no-cost) RSVP ACCIDENT INSURANCE

Name _____ Relationship _____

Address _____ Phone # _____

Please turn over and continue on reverse side.

How did you learn about RSVP?

- Brochure/Poster found at: _____
- Newspaper: _____ TV: _____ Radio: _____
- RSVP Volunteer: _____ RSVP Station Supervisor: _____
- RSVP Staff/Presentation at: _____
- Other (please specify): _____

PLEASE NOTE:

* RSVP can reimburse you for mileage (25 cents per mile, up to \$20 per month) if your ability to volunteer would be limited without it.

* Do you wish to request mileage reimbursement? ____ YES ____ NO

If you replied YES, please complete the following:

Do you hold a valid Driver's License: ____ YES ____ NO

Driver's License # _____ State _____

Name of Auto Insurance Co. _____

Renewal date: _____ Auto Insurance Policy # _____

Volunteer Agreement

- I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.
- I understand the importance of, and I agree to maintain the confidentiality of information about staff, volunteers, clients or other persons.
- My volunteer service is important to me and to my volunteer site. I agree to give notice if I am unable to perform my tasks.
- I volunteer my services through the UMaine Center on Aging and understand that I am not an employee of that agency.

Volunteer's signature: _____ Date: _____

For Office Use Only

Date received: _____ By: _____

RSVP Coordinator's signature: _____ Date _____