

# RETIRED AND SENIOR VOLUNTEER PROGRAM

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## VOLUNTEER REGISTRATION

Miss

Mrs.

Mr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Please Print)

Mailing Address \_\_\_\_\_

(Street or PO Box)

(Town)

(Zip Code)

Phone \_\_\_\_\_ e-mail address: \_\_\_\_\_

Do you drive? \_\_\_NO \_\_\_YES (Driver's license number \_\_\_\_\_)

Previous work experience (or occupation) \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

In an emergency notify \_\_\_\_\_

(Name)

(Home phone) (Work phone)

Is there any type of handicap or physical condition limiting the type or location of volunteer work you can do? If yes, please explain: \_\_\_\_\_

Would you be interested in registering at a county wide volunteer website that will be used to activate volunteers for vaccination clinics and emergency training drills? Yes\_\_\_ No\_\_\_

Are you interested in being a member of a team that would help with disaster relief, such as helping with clerical work, food preparation for emergency crews and community members? Yes\_\_\_ No\_\_\_

For the purposes of RSVP Accident Insurance I designate the following as my beneficiary:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

I understand that if I use my personal automobile in my volunteer service, including driving to and from my volunteer station, RSVP provides insurance coverage supplemental to my primary insurance. I will arrange to keep in effect automobile liability limits at least equal to the minimum limits required by New York State.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

RSVP Director Signature \_\_\_\_\_ Date \_\_\_\_\_