

RETIRED AND SENIOR VOLUNTEER PROGRAM

46 Flynn Avenue
Plattsburgh, NY 12901
Phone 518-566-0944
e-mail director@ccrsvp.com

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 _____