



RETIRED AND SENIOR VOLUNTEER PROGRAM

Registration Form

1111 S. Alpine Rd., Rockford IL 61108
2036 N. State St., Belvidere, IL 61008

815.397.7103—815.397.7114 Fax
815.544.7128—815.544.7167 Fax

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip Code _____

Phone Number _____ Email Address _____

Are you a veteran? ___ Yes ___ No Physical/Medical Limitations _____

As an RSVP volunteer, you will be covered by a **secondary** accident and personal liability insurance, plus a small death benefit, if something happens while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:

Driver's License Number _____ State _____ Exp. Date _____

Emergency Contact _____ Phone Number _____

Relationship _____

Beneficiary for RSVP Supplemental Accident Insurance

Name of Beneficiary _____ Phone Number _____

Address _____ Relationship _____

Optional

___ Asian ___ Hispanic

___ American Indian/Alaskan Native ___ White/Caucasian

___ Black/African American ___ Other

___ Male ___ Female

Skills/Employment/Volunteer Background

Volunteer Signature [Click here to enter text.](#) Date [Click here to enter text.](#)

Director Signature _____ Date _____