

## AmeriCorps Seniors RSVP of Northern Cook & Northern DuPage Counties 2121 S. Goebbert Road, Arlington Heights, IL 60005 • (847) 228-1006 • FAX (847) 228-1327

## **VOLUNTEER MEMBERSHIP APPLICATION**

(Please complete all sections)

Name	Male □ Female □
NamePLEASE PRINT Address	Township
Zir	County
CITY	Cell Phone No
Veteran: Yes No/Service Branch	Email Address
Preferred method of contact: Email ☐ Phon	e □ Mail □
VOLUNTEER INFORMATION Volunteer Assignment	Date Started
Transportation to your volunteer site: Automobil	le □ Passenger □ Walk □ Public □
Special Interests, Hobbies, Skills	
Occupation/Employer (current or former)	
In case of emergency, notify	Phone
SENIOR CORPS-RSVP ACCIDENT INSURANCE	- DESIGNATION OF BENEFICIARY
Name of Beneficiary	
AddressSTREET CITY	:ND, RELATIVE OR ESTATE
STREET CITY	STATE ZIP
VOLUNTEER AUTO INSURANCE WHILE DRIVIN	IG TO/FROM YOUR VOLUNTEER SITE
vehicle to my volunteer site, I will keep in effect autimits required by our state. Senior Corps-RSVP pr I certify I have a valid driver's license and insuranc <b>LIMITED REIMBURSEMENT</b> In addition to insurance coverage, volunteers doing	ovides supplemental insurance while volunteering. e. Yes   No  License Expiration Date  transportation and meal delivery are eligible for
ENROLLMENT STATEMENT I agree that all of the above information is current a Senior Corps-RSVP of Northern Cook and Norther an employee of Senior Corps-RSVP. Within the pa of, nor am I under pending indictment for any crime	and correct. I certify I volunteer my services through n DuPage Counties and understand that I am not st 10 years, I have not been arrested or convicted
Signature	Date
VOLUNTEER SITE	SIGNATURE OF RSVP PROJECT DIRECTOR