

**RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)
VOLUNTEER ENROLLMENT FORM**

Ms.
Mrs.(circle one)_____ Phone:_____

Mr. (first name) (middle initial) (last name)

Address:_____

Birth date: _____ Sex: M__ F__ Marital status: _____
(month) (day) (year)

Do you drive to volunteer work? No__ Yes__, Driver's license # _____ Expires? _____

Name of your auto insurance agency? _____

Preferred volunteer assignments: _____

Time/Days available: _____ Any physical limitations? Yes__ No__

If "yes", please explain: _____

Are you currently volunteering? No__ Yes__, Where? _____

Special interests or skills: _____

Previous work experience or occupation: _____

Foreign languages spoken: _____ Education: Elem. __ H.S. __ College __

Referred to RSVP by: _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE

(This insurance is provided as a benefit to membership in RSVP at NO cost to you.)

Name of beneficiary: _____ Phone: (____) _____

Address: _____ Relationship: _____

Name of person to notify in case of emergency: _____

Relationship: _____ Phone:(____) _____

Please Note: To keep membership and insurance coverage current, you are responsible for reporting your hours each month to the Volunteer Station Chairperson OR by mail to the RSVP office OR by e-mail to rsvp@ttu.edu.

YOUR SIGNATURE (Insurance not valid until signed) _____ Date: _____

Office use only: Staff Signature _____ Date _____

**MAIL FORM TO: RSVP/TTU/COHS, Box 41162, Lubbock, TX 79409-1162
For more information, call (806) 742-2423 or e-mail: rsvp@ttu.edu**