

NORTHEAST ND RETIRED & SENIOR VOUNTEER PROGRAM

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RSVP VOLUNTEER REFERRAL FORM

DATE _____

My name is: _____

Phone: _____

Address: _____

I am a:(circle one) RSVP Volunteer, Volunteer Coordinator Other: _____

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I would like to refer:

Name: _____

Phone: _____

Address: _____

Is he/she 55 years or older? Yes No Unknown

Does he/she presently volunteer? Yes No Unknown

If yes, where? _____

Volunteer