

Retired & Senior Volunteer Program – South Central

Counties of: Stutsman, McIntosh, Logan, Dickey, LaMoure, Kidder, Foster, Wells

Deb Lee, Project Coordinator

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VOLUNTEER REGISTRATION

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Email: _____ Fax: (_____) _____

Birthdate: (MONTH/DATE/YEAR) _____ Age _____

Volunteer Station: 1. _____

Duties at Station: _____

Volunteer Station: 2. _____

Duties at Station: _____

Work Experience or Retired From: _____

Previous Volunteer Service: _____

Have a car? Yes No Drivers License? Yes No Liability Insurance? Yes No

Driver's License #: _____

Any Physical/Medical Limitations? Yes No

Person to Notify in Emergency:

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

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