

# RETIRED & SENIOR VOLUNTEER PROGRAM

## RSVP VOLUNTEER REFERRAL FORM

Date \_\_\_\_\_

My Name is: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am a: (circle one)    RSVP Volunteer    Volunteer Coordinator    Other: \_\_\_\_\_

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? \_\_\_\_\_

Will he/she need transportation?    Yes            No            Unknown

**Return form to:**

**Linda K. Nelson, Project Director  
Retired & Senior Volunteer Program  
3001 11<sup>th</sup> Street South  
Fargo, ND 58103**

**Phone: (701) 893-9089**

