

Retired Senior Volunteer Program Application Form

Today's Date: _____ / _____ / _____

County: Culpeper Fauquier Orange Madison Rappahannock

Name: _____

Date of Birth: _____ / _____ / _____

Home Phone: (_____) _____ - _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Where would you like to Volunteer? _____

Only fill out the section below if you will be doing any volunteer driving

Do you have a valid driver's license? Yes No

Do you carry a primary automobile insurance policy? Yes No

Who is your beneficiary? _____

The Retired Senior Volunteer Program with RRCSB-AAA carries a secondary liability automobile insurance policy on all of our registered driver volunteers.

All RSVP Volunteers must sign below:

Signature: _____ Date: _____

RSVP Staff Signature: _____ Date: _____