

# 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: \_\_\_\_\_