



Retired and Senior Volunteer Program
 547 N. Sierra Way
 San Bernardino, CA 92410
 Tel. (909) 384-5414 Fax. (909) 384-5160
 E MAIL: dobbs_te@sbcity.org or clatfelter@sbcity.org



VOLUNTEER REGISTRATION

DATE: _____ E-MAIL _____ (optional)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

PREVIOUS OCCUPATION: _____

EDUCATION/TRAINING: _____

TALENTS OR HOBBIES: _____

LANGUAGES SPOKEN OR WRITTEN: _____

VOLUNTEER EXPERIENCE: _____

CLUBS/ORGANIZATIONS INVOLVED WITH: _____

TIME AVAILABLE FOR VOLUNTEERING: WEEKDAYS - A.M. _____ P.M. _____
 WEEKENDS - A.M. _____ P.M. _____

MODE OF TRANSPORTATION: _____

PHYSICAL LIMITATIONS: _____

VOLUNTEER PREFERENCE: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

***** OPTIONAL INFORMATION *****

SEX: M__ F__ ETHNICITY: _____

(THIS INFORMATION IS KEPT ANONYMOUS AND IS ONLY USED IN STATISTICAL REPORTS FOR GRANT FUNDING)

AS AN RSVP VOLUNTEER I WILL ABIDE BY THE PROJECT'S POLICIES AND PROCEDURES.

SIGNATURE OF VOLUNTEER: _____

FOR OFFICE USE ONLY:

ASSIGNED TO: _____ BY: _____ DATE: _____

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AUTOMOBILE LIABILITY INSURANCE REGISTRATION

California Motor Vehicle code requires each driver to be financially responsible for potential damage they may cause.

The minimum required insurance is as follows: Bodily Injury/Death - \$15,000 per person
Multiple injuries/death - \$30,000 per occurrence (accident)
Property damage - \$5,000 per occurrence

Senior volunteers who use their personal vehicles in traveling to and from volunteer assignments are required to keep in effect (at their own expense) automobile liability insurance with coverage equal to the minimum limits required by California Statutes.....

YOU MUST EITHER SIGN YOUR INITIALS IN NUMBER 1, OR FILL OUT NUMBERS 2 AND 3.
ALL VOLUNTEERS MUST SIGN NUMBER 4 AND FILL OUT BENEFICIARY INFORMATION.

1.____ I do not own a motor vehicle, or if I do, I will not be using it in conjunction with any RSVP activity. This includes transportation to and from the volunteer site.

2.____ I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect my automobile liability insurance equal to the minimum limits required by the State of California and will maintain a valid California driver's license. I will inform RSVP of any changes and furnish proof of renewal as necessary.

Name of Insurance Company	Phone Number of Agent	
Policy Number	Effective Date	Expiration Date
Driver's License Number	License Expiration Date	
Car License Plate Number		

3.____ I wish to be covered by Excess Liability Insurance.

4.____ I verify that all of the above information is accurate and true.

RSVP Volunteer Signature	Date
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BENEFICIARY FOR RSVP ACCIDENT INSURANCE:

Name: _____ Relationship: _____

Address: _____ City: _____ Phone: _____