



**FOR OFFICE USE ONLY!**

Station(s) \_\_\_\_\_  
Assignment(s): \_\_\_\_\_  
Date Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Computer Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By: \_\_\_\_\_

**RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) ENROLLMENT FORM**

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

T-shirt size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

Are you a Veteran? \_\_\_ Yes \_\_\_ No Physical/Medical Limitations: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Race/Ethnic Background:  
\_\_\_ White \_\_\_ Asian \_\_\_ African-American \_\_\_ Hispanic/Latino  
\_\_\_ American Indian/Alaska Native \_\_\_ Pacific Islander \_\_\_ Other

Have you ever been convicted of a criminal offense or misdemeanor? \_\_\_ Yes \_\_\_ No

If **yes**, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

**Beneficiary for RSVP Supplemental Accident Insurance:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Experience \_\_\_\_\_

Special Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience (Current, Past, Preferred) \_\_\_\_\_

**Days/Hours Available: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_**  
**Mornings \_\_\_ Afternoons \_\_\_**

What show of appreciation would mean the most to you? \_\_\_\_\_

**Please indicate if RSVP may have permission to use your likeness?**

I hereby grant RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by the Partnership FCA's RSVP in perpetuity. I will make no monetary or other claim against the Partnership FCA's RSVP for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/videos(s) to the Partnership FCA's RSVP.

**Certifications**

**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Partnership FCA's Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Program, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of TN. I will also keep in effect a valid TN Driver's License (# \_\_\_\_\_, State \_\_\_\_\_, Exp. Date \_\_\_\_\_)

\_\_\_\_\_  
**RSVP Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**RSVP Staff Signature**

\_\_\_\_\_  
**Date**

**Equal Employment Agency** – The Partnership FCA is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact RSVP at (423)755-2726.

Return completed registration to:

RSVP Program

C/O Partnership for Families, Children and Adults

**(Original Signatures Required on the Form)**

5600 Brainerd Road Suite B-24

Chattanooga, TN 37411

For questions contact:

Joyce Lloyd

(423)755-2726 (office)    (423)755-2755 (fax)

[jilloyd@partnershipfca.com](mailto:jilloyd@partnershipfca.com)