



RSVP *Santa Fe*

RETIRED SENIOR VOLUNTEER PROGRAM

VOLUNTEER ENROLLMENT FORM

Ms. Mrs. Mr. _____ Birth Date: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Veteran?

E-mail: _____ Require special accommodations?

Anglo/Caucasian African American Asian Spanish/Hispanic Native American Other

Emergency Contact: _____ Relationship to you: _____

Home Phone: _____ Cell/Other Phone: _____

Active RSVP volunteers are covered by free supplemental insurance *during* volunteer service hours including: accident, personal liability, excess automobile liability, and accidental loss of life.

Whom would you like as your beneficiary for the free accidental loss of life insurance?

Name: _____ Phone: _____

If you are *required* to drive for your volunteer service activity, would you like the free supplemental auto insurance? Yes No

For this coverage please submit a copy of your driver's license and auto insurance card for our locked files.

Obtained proof of age (55 or over): Driver's License/State ID, list if other: _____

Are you currently volunteering? Yes No

If **yes**, where? _____

If **no**, we can help you find a volunteer placement.

What type of people, skills, or activities interest you?

Please list your duties: _____

Volunteer Signature

Date

RSVP Staff

Date

Please return this completed form with a copy of your driver's license and auto insurance card.

You may scan & email it to trlovato@santafenm.gov, fax it to (505) 955-4765,

mail it to RSVP Office, City of Santa Fe, P.O. Box 909, Santa Fe, NM 87504,

or bring it to the MEG Senior Center at 1121 Alto St.

If you have questions, please call Triston at (505) 955-4760. Thank you for joining us!