



This Enrollment form includes both mandatory and voluntary questions. You may choose to skip questions marked “voluntary”. However, the Corporation for National and Community Service (CNCS) requires us to report on these questions for statistical purposes only. Answers to the voluntary questions are reported to CNCS as a total statistical number only.

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Email: _____@_____

Phone: (____) ____ - ____ Cell: : (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

Do you currently volunteer? YES NO Locations and Tasks? _____

Do you give permission to RSVP for the use of your photo in publicity? YES NO

Gender (Voluntary)	
Female	_____
Male	_____

Do you have A Disability? (Voluntary)	
Yes	_____
No	_____

Ethnicity (Voluntary)	
Hispanic or Latino	_____
Non-Hispanic or Non-Latino	_____

Racial Group (Voluntary)	
American Indian or Alaskan Native	_____
Asian	_____
Black or African American	_____
White	_____

Military Service Info -check all that apply (Voluntary)	
Veteran	_____
US Armed Forces Service member	_____
Family member actively serving in military	_____
None of the above	_____

- I agree to keep all information about clients, volunteers or other individuals obtained while volunteering, confidential.
- I affirm that the information I have provided is accurate
- I volunteer my services and understand that I am **not** a paid employee of any agency or group to which I may be assigned, nor an employee of the referring agency.
- I understand that I may choose among the volunteer jobs referred to me and I am under no obligation to accept any placement.

Volunteer Signature _____ Date _____

RSVP Coordinator _____ Date _____

Benton Franklin RSVP provides registered volunteers, age 55 and over, with accident, personal liability and excess automobile liability coverage while volunteering for a Volunteer Station. This insurance is secondary coverage, **NOT** primary insurance. If I use my automobile in volunteer service, I certify that I carry at least the minimum liability insurance required by Washington state law.

To be eligible for this coverage we need the following information:

Driver's License #: _____

Expiration date: _____

Auto Insurance Co: _____

City/State/ZIP: _____

Name/Address of Beneficiary:

Volunteer Signature

Date

RSVP of Benton and Franklin
Catholic Family & Child Service
2139 Van Giesen St
Richland WA 99352
(509) 946-4645