





## Lead With Experience Volunteer Application & Insurance Form

SOCIAL SECURITY #:	(All information given	is strictly confidential)	I.D #:			
HOW DID YOU HEAR ABOUT RSVP?	ARE Y	OU A VETERAN? Yes_	No RELATI	VE OF A VET	TERAN? Yes No	
NAME		ADDRESS				
First	Last					
CITY STATE _	ZIP CODE	PHONE NO	EMA	EMAIL ADDRESS		
BIRTHDATE	SEX: M F	CELL PHONE				
ETHNICITY: Hispanic or Latino Ar	nerican Indian or Alaskan Nativ	ve Asian Black or .	African American Na	ative Hawaiia	n or Pacific Islander Caucasian	
PHYSICAL / MEDICAL LIMITATIONS: _	NOYES (Explain)					
FOR THOSE WHO WILL CLAIM MILE	AGE REIMBURSEMENT:					
I CERTIFY THAT MY AUTO INSURANCE	IS ACTIVE: YES No	O DRIVER'S LICENSI	E #:		EXP	
INSURANCE CO:		POLICY #_				
HAVE YOU EVER BEEN CONVICTED OF	A CRIME?NO YES	IF YES, PLEASE EXPLA	AIN:			
RSVP COVERS YOU WITH ACCIDENT A	ND LIABILITY INSURANCE	WHILE ON ASSIGNMEN	NT. PLEASE L <b>I</b> ST A BE	ENEFICIARY	OTHER THAN YOURSELF.	
NAME						
STREET ADDRESS	<del>.</del>	CITY	STATE		ZIP	
PERSON TO NOTIFY IN CASE OF EMERO	BENCY WHO <i>does not</i> re	SIDE AT YOUR ADDRES	SS.			
NAME		RELATIONSHIP				
STREET ADDRESS		CITY	STATE	ZIP	PHONE	
Confidentiality Statement – I understand the and not discussed or disclosed in any manner.			nent(s) about any individ	dual or group	shall be held in strictest confidence	
X		X			DATE	
Signature of Volun For Office Use Only	teer	RSVP Director				
VOLUNTEER STATION		VOLUNTEER ASSIGNMENT				