RSVP REGISTRATION FORM *Please complete all sections

Name_____ **Date** _____

Street Address_____ **Phone**_____

City, State, Zip_____ **E-Mail** _____

Current Volunteer Assignments_____

Physical/Medical Considerations_____

Transportation to volunteer assignment (Please check)**:**
_____Personal vehicle _____Public Transportation _____ Other (specify)_____

Emergency Contact Person_____**Phone**_____

Reference Name **Agency/Business** **Phone**
1._____

2._____

Special On-Call List - a list we refer to when organizations seeks assistance with events or projects.
Yes, contact me for (check all interests) _____Special Events _____Projects _____Fundraising Events

Education (please note highest level completed):☐ High School☐ College
☐Degrees/Majors_____☐ Post Graduate Degrees/Majors _____

Occupation/Former Occupations_____

Beneficiary Designation (for RSVP Accident Insurance)

Full Name_____ Phone Number_____

SURVEY **voluntary - used for statistical purposes only*

Birth Date_____
Ethnic Group (please check)**:** _____Caucasian _____African-American _____Hispanic
_____Native American/Alaskan Native _____Asian, Pacific Islander _____Mixed Race

Please Check:	☐ Male	☐ Female	Are you a Veteran?	☐ Yes	☐ No

Privacy Act Statement: In compliance with the Privacy act of 1974, the following information is provided: The collection of this information is authorized by the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose is to provide Volunteer Frederick a means to identify individuals and refer them to our client agencies in accordance with their preferences or as potential volunteers to meet qualifications specified by our client agencies. Only information necessary to identify and contact a volunteer is provided to any client agency, plus the information necessary to establish each volunteer's capabilities to perform if the client agency has specified requirements.