

**Cranston Department of Senior Services
RSVP Division**

Volunteer Enrollment Form

Please print and complete all sections.

Name _____ Birth Date _____

Street Address _____ City, Zip _____

Phone _____ Email _____

Ethnic group: Caucasian African-American Hispanic Native Amer/Alaskan Asian, Pacific Islander Other

Physical/Medical Limitations _____

Do you have a car? yes no Claiming mileage reimbursement: yes no

Driver's license # _____ State _____ Exp. Date _____

If claiming mileage reimbursement, please include a copy of your proof of insurance.

Emergency Contact _____ Relationship _____

Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Skills/Interests/Language _____

Volunteer Experience _____

Preferred Volunteer Assignments:

1. _____ 2. _____

Days/Hours Available _____

Would you like to be included on our Special On-Call List? yes no

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

I _____ hereby agree to work as an unpaid volunteer with the City of Cranston. In consideration of the opportunity to assist in the activities at the Cranston Senior Center and the experience I will gain, I agree that I will receive no financial compensation nor will I receive any medical, accident, workers' compensation, unemployment or temporary disability coverage. In consideration of the opportunity to assist in the activities of the Senior Center I waive any rights I may otherwise have against the City of Cranston, its agents and employees to recover any injury or damage that may be suffered by me arising out of my service as a volunteer save for those injuries and damages directly caused by willful or grossly negligent acts of the City of Cranston, its agents or employees.

Signature of Volunteer Date Signature of RSVP Staff Date