



Volunteer Enrollment Form
St. Charles Parish-RSVP
274 Judge Edward Dufresne Parkway Luling, LA 70070

INFORMATION IN THIS BOX IS REQUIRED INFORMATION FOR ENROLLMENT

Please print and complete all sections. MUST PROVIDE A COPY OF ID OR DRIVER'S LICENSE.

Name _____ Birth date _____

Street Address _____ City, Zip _____

Mailing Address _____ City, Zip _____

Phone _____ Alternate phone: _____

Do you have a car? Yes No
 No

Claiming mileage reimbursement? Yes

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

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

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience _____

Preferred volunteer assignments (See Assignment Availability List)

1. _____ 2. _____

Days/Hours Available _____

Would you like to be included on our Special On-Call List*? Yes No (see below)

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of Volunteer

Date

Signature of RSVP Staff

Date

***SPECIAL ON-CALL LIST** – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from the non-profits.

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.

Are you Hispanic or Latino? Yes No

What is your race? (Select one or more.)

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the peoples of Europe, the Middle East, or North Africa.

Are you a Veteran? Yes No If so, what branch: _____

Are you a RETIRED veteran? Yes No
If YES, what branch of the military did you serve in? _____

Do you volunteer for any veteran organizations? Yes No
If YES please list. _____

Are you the spouse of a veteran? Yes No

FOR OFFICE USE ONLY!

Station (s) assigned _____

Date Assigned _____

Welcome Package Sent _____/_____/_____

Entered in Computer _____/_____/_____ By: _____

2015