



Volunteer Application

Retired and Senior Volunteer Program

4817 North Park Drive, Ste. B

Meridian, MS 39305

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NOTE: The following information is required by our federal grant, but the information stays private and is NOT shared.

Name: _____ Street Address: _____

City _____ State _____ Zip Code _____ Date of birth: _____ (verifies 55+ Requirement)

Telephone: _____ Cell: _____ **E-Mail:** _____

List 3 Agencies of Interest: _____ Physical Limitations: _____

(Listed on back of blue RSVP form)

Interests/Types of Volunteerism Desired: _____

In case of emergency, contact: _____ PH: _____

Relationship: _____ Cell: _____

Auto Liability Insurance: RSVP provides excess auto liability insurance when volunteer is going to and from RSVP sites. I understand that I must keep in effect my personal auto liability insurance equal to the minimum state required limits.

❖ **RSVP also provides .40¢ per mile for approved RSVP purposes, up to a maximum of \$35 per month.**

Proof of Auto Insurance (required if RSVP supplemental coverage and mileage is desired)

Policy Holder's Name: _____ Relationship: _____

Phone: _____ Cell: _____

Auto Insurance Company: _____ Agent: _____

Policy # _____ Expiration Date: _____

Driver's License # _____ State: _____

NOTE: I understand that my volunteer service through RSVP does not in any way make me an employee of RSVP or United Way of East Mississippi.

Volunteer's Signature

Date

RSVP Director's Signature

Date