



280 N. Central Ave, Suite 310  
Hartsdale, NY 10530  
914-948-6069  
Fax: 914-948-3032

## RSVP MEMBERSHIP FORM

RSVP facilitates the volunteer service of people who are 55+, enabling them to meet a variety of community needs. There is no fee to join RSVP as it is funded through a variety of state and local programs. As part of your membership to RSVP, you receive supplemental insurance while volunteering, invitations to recognition events, the opportunity to organize positive community change with others, and, if needed, transportation reimbursement to your volunteer site.

### Applicant Information (Please print):

Applicant Name: Mr./ Mrs. / Ms / Dr.

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Drivers License State and ID# : \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Information is for the RSVP supplemental insurance. It is needed only if you will drive to your volunteer assignment. Please give license number, NOT license plate number.)*

How did you hear about RSVP? \_\_\_\_\_

Volunteer Placement (if known): \_\_\_\_\_

Position Title: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Beneficiary Information, for RSVP Supplemental Insurance:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**The following optional information is requested by RSVP funding sources and is used solely for statistical purposes. (Note: The Volunteer Center provides referrals of volunteers to nonprofit agencies without regard to race, color, religion, national origin, sex, age or disability.)**

- |  |  |   |                                  |
|--|--|---|----------------------------------|
| <input type="radio"/> Caucasian              | <input type="radio"/> Hispanic         | <input type="radio"/> Income under \$15,000 | <input type="radio"/> Live alone |
| <input type="radio"/> Native American        | <input type="radio"/> African-American | <input type="radio"/> Frail/disabled        | <input type="radio"/> Veteran    |
| <input type="radio"/> Asian/Pacific Islander |  |   |                                  |

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

RSVP of Westchester is a project of The Corporation for National and Community Service and is sponsored locally by The Volunteer Center of United Way. It is also supported in part by U.S. Department of Health and Human Services, The New York State Office for the Aging and The Westchester County Department of Senior Programs and Services.

Office Only:

RSVP Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Reporter: \_\_\_\_\_ TVC: \_\_\_\_\_ BD: \_\_\_\_\_ or TVC: \_\_\_\_\_