



# Retired and Senior Volunteer Program

Sponsored by Durham Technical Community College and the Corporation for National and Community Service  
1637 Lawson St. Durham, NC 27703 voice: 919-536-7270 fax: 919-536-7283 email: [rsvp@durhamtech.edu](mailto:rsvp@durhamtech.edu)

## Registration Form

Mail or fax the completed, signed form to RSVP.

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Personal Auto Insurance Carrier: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

*(This information is requested because RSVP provides free excess liability & accident insurance when you are volunteering.)*

Are you a veteran?  Yes  No

Volunteer Interests: \_\_\_\_\_

\_\_\_\_\_

Previous Occupation, Training, or Education: \_\_\_\_\_

Please lists any special interests or hobbies: \_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language: \_\_\_\_\_ If yes, which language(s): \_\_\_\_\_

Please explain any physical limitations: \_\_\_\_\_

\_\_\_\_\_

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

**Person to Notify in Case of an Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

References-Please provide contact information for two people who are not related to you.

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Phone \_\_\_\_\_

I certify that I volunteer my services through the Retired and Senior Volunteer Program and understand that I am not an employee of Durham Technical Community College or RSVP.

I certify that I have received a volunteer handbook, a volunteer assignment description, and information on access to time sheets.

I authorize release for my image, voice and quotes to be used by RSVP and Durham Tech for recognition and/or program marketing and promotion in print, website and social media.

**Designation of Beneficiary for RSVP Accident Insurance**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RSVP Coordinator

\_\_\_\_\_  
Date