

**BROOKE-HANCOCK-OHIO-MARSHALL RETIRED & SENIOR VOLUNTEER PROGRAM  
VOLUNTEER ENROLLMENT INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TIME AVAILABLE DAYS \_\_\_\_\_ HOURS \_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DESIGNATION OF BENEFICIARY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

PREVIOUS WORK OR OCCUPATION \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE \_\_\_\_\_

EDUCATION, INTERESTS, SKILLS & HOBBIES \_\_\_\_\_

DO YOU DRIVE? \_\_\_ YES \_\_\_ NO DRIVER'S LICENSE # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
(IF DRIVING IN CONNECTION WITH VOLUNTEER ASSIGNMENT)

OWN CAR? \_\_\_ YES \_\_\_ NO LIABILITY INSURANCE? \_\_\_ YES \_\_\_ NO RENEWAL DATE \_\_\_\_\_

TRANSPORTATION TO ASSIGNMENT: RSVP VAN \_\_\_\_\_ VOL. STATION \_\_\_\_\_

WALKS \_\_\_\_\_ OWN CAR \_\_\_\_\_ VOL. TRANS. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ASSIGNMENT RECORD

<u>STATION</u>		<u>DATE ASSIGNED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE OF INTERVIEW \_\_\_\_\_ BY \_\_\_\_\_

HOW DID YOU HEAR ABOUT RSVP \_\_\_\_\_