



RETIRED AND SENIOR VOLUNTEER PROGRAM OF SAN JOSE VOLUNTEER ENROLLMENT FORM

(ELIGIBILITY 55 YEARS OLD OR OLDER)



Thank you for your interest in the Retired and Senior Volunteer Program of San José. To enroll, please complete and **sign the bottom of this form** and return the form to the RSVP office (5730 Chambertin Drive, San Jose, 95118) or attach with your monthly report. *Note: All information supplied is to be maintained by RSVP as CONFIDENTIAL.*

PLEASE PRINT:

Last Name: _____ First Name: _____ Sex: M F
Phone No. _____ E-mail : _____

Would you like to receive the newsletters/volunteer information via email? Yes No

Address: _____ Apt: _____ City: _____ Zip Code: _____

Date of Birth: _____ Driver's License No: _____ DL Exp. Date: _____

Physical Limitations: No Yes (explain) _____

Emergency Contact Information: Name: _____ Phone: _____

Present Volunteer Agency: _____ Vol. Assignment: _____

Ethnicity:

- Asian Hispanic Indian/Alaskan Native Decline to Respond
- Pacific Islander Caucasian/White Black Other: _____

Do you have a car? Yes No Claiming Mileage/Bus Reimbursement? Yes No

RSVP MEMBER INSURANCE ENROLLMENT BENEFIT (Must be completed by all RSVP Members)

I volunteer my services through RSVP of San José. In enrolling for membership it is understood that I am NOT an employee of RSVP or the City of San José. It is further understood that as an RSVP member I will be covered by accident insurance while performing my volunteer activities and while traveling between my home and work site. **The person designated below is my beneficiary for insurance purposes:**

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Liability and Photo Release

Photo Release

I understand that the City of San José may photograph or videotape the events or activities in which I am participating. I give my permission for the City to use photographs or videotape of me for the purpose of promoting the City of San José and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.** Permission is not required to participate in City events.

Please check one: I agree to the photo release I do not agree to the photo release

Liability Release

The undersigned agrees to indemnify and hold the City of San José harmless, and release the City of San José from any and all liability for any injury which may be suffered by the undersigned individual arising out of or connected with their participation in an approved volunteer assignment, except as arises out of the sole willful act or sole active negligence of the City of San José, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____ Date: _____

RSVP Staff
Use Only

Volunteer No.
V-

New Member Packet
 Reporter

Placement: _____
 File/Card

Enrollment Date: