

# RSVP

## Lead With Experience

HandsOn Northwest North Carolina  
690 Coliseum Drive Winston-Salem, NC 27106  
Phone: 336-724-2866 / Fax: 336-724-4467



### **VOLUNTEER ENROLLMENT FORM**

Name: Mr./ Ms. \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**\*\*SS number is needed to process mileage reimbursement checks and will be blacked out on the form once it is entered into Flex-Pay's secure online system. A mileage reimbursement check cannot be processed without this information. SS numbers will not be shown on any checks or correspondence.**

Emergency Contact: \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Station: \_\_\_\_\_ Volunteer Job Title: \_\_\_\_\_

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### **Beneficiary for RSVP Accident Insurance**

Note: Accident Insurance is provided to all RSVP volunteers free of charge. For further information, please contact the RSVP Director.

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

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### **Demographics**

The following information is optional for reporting to our funding sources. The information is reported cumulatively, not by individual. HandsOn NWNC/RSVP pledges to protect the confidentiality of all information.

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Race/Ethnic Group:

Native American \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

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By signing this form I hereby acknowledge that the information on this form is true and complete to the best of my knowledge.

RSVP Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_