

Retired & Senior Volunteer Program of Collier County

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REGISTRATION FORM

If you're already a volunteer, where? _____

Ms./Mrs./Mr. _____ Date of Birth ___/___/___
Last First

Florida Address _____
Street Unit # City Zip Code

Is this your full time address? Yes No Daytime Phone _____

Cell Phone _____ Email _____

Other Address _____ Dates at this address: _____
Street Unit #

City _____ State _____ Zip Code _____

Disabilities: Yes No **If yes, please describe** _____

Drivers License# _____ Expiration Date _____

Please note: If you use your automobile going to and from your volunteer assignment, you must keep in effect automobile insurance equal to the minimum limits required by the State of Florida in order to be eligible for RSVP Accident Insurance.

Emergency Contact _____

Relationship _____ Daytime Phone _____

How did you hear of RSVP? Friend Media Speaker Special Event Volunteer Site

Other, please explain _____

Past occupation(s) _____

INTEREST CHECKLIST-PLEASE INDICATE ALL THAT APPLY

Accounting	Assist Seniors	Casework	Cashier	Computers
Construction	Counseling	Crisis Prevention	Data Entry/Typing	Disaster/Emg Mgt
Docent/Museums	Driving	Environment	Friendly Visits	Fundraising
Clerical	Crafts	Handy Andy	Healthcare	Homeless
Hospital	Info Desk	Law Enforcement	Library	Literacy
Mailings	Marketing	Mentor	Recreation	Research/Analyst
Teaching	Telephone	Thrift Store	Tutoring	Work w/Children
Work w/Animals	Work w/Plants	Work w/Food	Hospice	Deliver Meals

Volunteers are occasionally needed for special events, programs, or County needs. May we contact you as need arises to ask if you might be interested in helping? Yes No

RSVP volunteers are eligible for Accident and Liability Insurance. Please designate a beneficiary for RSVP Accident Insurance (**MUST BE COMPLETED AND SIGNED**)

Name _____ Relationship _____

Address _____

Phone # _____ Email _____

RSVP Director Signature _____ Date _____