

**RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)  
OF SHAWNEE AND DOUGLAS COUNTIES**

United Way of Greater Topeka  
1315 SW Arrowhead Road, Topeka, KS 66604  
Phone: 785-228-5124 Fax: 785-273-2467



**RSVP ENROLLMENT FORM**

<i>Last Name</i>	<i>First Name</i>
<i>Address</i>	<i>City, State, Zip Code</i>
<i>Home Phone</i>	<i>Cell Phone</i>
<i>Email</i>	<i>Birthdate</i>
<i>Gender</i> <i>Male Female</i>	<i>Shirt size</i> <i>Small Medium Large XL XXL XXXL</i>
<i>Driver's License # and State of Issue</i>	<i>Driver's License Expiration Date</i>
<i>Please circle: (optional)</i> <i>Hispanic/Latino</i> <i>Non-Hispanic or Non-Latino</i>	<i>Please circle: (optional)</i> <i>White Asian Pacific Islander</i> <i>Black/African American American Indian</i>

*\*Volunteers driving to and from a volunteer site must maintain automobile liability insurance equal to or greater than the minimum required by the state.*

**EMERGENCY CONTACT**

<i>Last Name</i>	<i>First Name</i>
<i>Relation</i>	<i>Phone</i>

**BENEFICIARY FOR RSVP SUPPLEMENTAL INSURANCE**

<i>Last Name</i>	<i>First Name</i>
<i>Address</i>	<i>City, State, Zip Code</i>
<i>Relation</i>	<i>Phone</i>

*\*All RSVP volunteers receive supplemental coverage at **no cost** upon enrollment.*

**I am a Veteran**                      **Branch of Service** \_\_\_\_\_

**Current volunteer organization/site (if any):** \_\_\_\_\_

**May we call you with other volunteer opportunities?** \_\_\_\_\_ **If so, which of the following:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Clerical        | <input type="checkbox"/> Driving         | <input type="checkbox"/> Tutor/Literacy  |
| <input type="checkbox"/> Computer             | <input type="checkbox"/> Food Delivery   | <input type="checkbox"/> Mailings        | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Food/Clothing Pantry | <input type="checkbox"/> Friendly visits | <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Other _____     |

Yes  No **I give RSVP permission to use my photo in any future publications.**

<i>Please list any physical limitations.</i>
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<i>Volunteer Signature</i>	<i>Date</i>
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