

Optional Information

My Ethnic Group is: _____ **American Indian/Alaska Native**
_____ **Asian**
_____ **Black or African American**
_____ **Hispanic or Latino**
_____ **Native Hawaiian/Pacific Islander**
_____ **White**
_____ **Other** _____

Are you Hispanic/Latino? _____ **Yes** _____ **No**
Are you a Military Veteran? _____ **Yes** _____ **No**
Are You an Active Armed Forces/Reserve Member? _____ **Yes** _____ **No**

My Gender is: _____ **Female** _____ **Male**

Physical conditions to consider in making a volunteer assignment:

Hobbies/Skills:

Previous Work/Occupation

I give my permission to use my name or picture in publicity, newsletters, annual reports, etc.

_____ **Yes**
_____ **No**

**All information is kept confidential.
RSVP is part of Senior Corps
and sponsored by AEOA.**



RSVP staff signature _____

Date _____

Volunteer Registration

For volunteers age 55 and better



Arrowhead RSVP

2764 Highway 61 Two Harbors, MN 55616

(218) 226-8809

E-mail: nancy.frischmann@aeoa.org

Required Information

Name: _____

Mailing Address: _____

Birthdate (required): _____

Telephone Number: _____

E-mail Address: _____

Are you volunteering now? _____ Where? _____

I will be requesting travel reimbursement: _____ No _____ Yes

I will travel to my volunteer assignment by: _____
_____ Driving*
_____ Public transportation
_____ Walking
_____ Other ride

*If driving, please complete this information
which is required by our insurance carrier:

Personal Driver's License Number: _____

Auto Insurance Company: _____

RSVP Accident Insurance Information: (Please name a beneficiary or
write the word "Estate.")

Name: _____

Address: _____

Relationship: _____

As an RSVP volunteer, I understand that I will be contacted by program staff with information about new volunteer opportunities in my area and I agree to serve when possible.

Volunteer Signature: _____

Date: _____