

THE RETIRED & SENIOR VOLUNTEER PROGRAM OF UNION COUNTY

COMMUNITY ACCESS UNLIMITED, 80 WEST GRAND STREET, ELIZABETH, NEW JERSEY 07202, (908) 354-3040 Ext. 369 or 371

VOLUNTEER REGISTRATION FORM

LAST NAME: _____ FIRST NAME _____ BIRTH DATE ____/____/____ M/F _____

ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____

EMERGENCY CONTACT _____ EMERGENCY PHONE (____) _____

SPECIFIC SKILLS: BUSINESS _____ TEACHING _____ LANGUAGE _____ DOMESTIC _____ RECREATION _____

JOB DEVELOPMENT _____ LEGAL _____ OTHER _____

PREVIOUS EMPLOYMENT _____ PREVIOUS VOLUNTEER EXPERIENCE _____

SIGNATURE _____ DATE _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE:

NAME _____ RELATIONSHIP _____ PHONE (____) _____

DRIVER'S LICENSE NO. _____

NJ LIABILITY INSURANCE:

YES _____ NO _____ AUTOMOBILE INSURANCE COMPANY _____

CURRENTLY VOLUNTEERING AT _____ OR WOULD LIKE TO VOLUNTEER AT _____

Director, RSVP of Union County _____ DATE _____

STATION #1 _____ SKILLS _____ BHN _____

STATION *#2 _____ SKILLS _____ BHN _____