BROOKE-HANCOCK-OHIO-MARSHALL RETIRED & SENIOR VOLUNTEER PROGRAM
VOLUNTEER ENROLLMENT INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

_____ COUNTY _____ MARITAL STATUS _____

EMAIL ADDRESS _____

TIME AVAILABLE DAYS _____ HOURS _____

PHYSICAL LIMITATIONS _____ ARE YOU A VETERAN? _____YES _____NO

PERSON TO NOTIFY IN EMERGENCY _____

RELATIONSHIP _____ PHONE _____

DOCTOR _____ PHONE _____

DESIGNATION OF BENEFICIARY _____

RELATIONSHIP _____ ADDRESS _____

_____

PREVIOUS WORK OR OCCUPATION _____

PREVIOUS VOLUNTEER EXPERIENCE _____

_____

EDUCATION, INTERESTS, SKILLS & HOBBIES _____

_____

DO YOU DRIVE? ___ YES ___ NO DRIVER'S LICENSE # _____ EXPIRATION DATE _____
(IF DRIVING IN CONNECTION WITH VOLUNTEER ASSIGNMENT)

OWN CAR? ___ YES ___ NO LIABILITY INSURANCE? ___ YES ___ NO RENEWAL DATE _____

TRANSPORTATION TO ASSIGNMENT: RELATIVE_____ VOL. STATION _____ VOL. TRANS._____

WALKS _____ OWN CAR _____ PUBLIC TRANS._____

COMMENTS: _____

_____

ASSIGNMENT RECORD

STATION		DATE ASSIGNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE OF INTERVIEW _____ BY _____

HOW DID YOU HEAR ABOUT RSVP_____

**PLEASE TURN OVER TO FILL OUT INFORMATION>>>