



Volunteer Enrollment Form

**Paducah-McCracken
County Senior
Citizens, Inc.**

**Retired & Senior
Volunteer Program**

McCracken County
1400 H.C. Mathis Drive
Paducah, KY 42001
270-442-8993

leslie.prestel@rsvpofpaducah.org

Hickman County
217 1/2 East Clay Street
Clinton, KY 42031
270-653-5853
rsvphickmanco@earthlink.net

Name: _____ **Birth Date:** _____
Please Print

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-mail Address:** _____

Previous work or occupation: _____

Education and training: _____

Medical or physical limitations: _____

In case of emergency notify: _____

Relationship: _____ **Phone Number:** _____

May your telephone number and street address be given to an agency at which you may volunteer? Yes No

INSURANCE INFORMATION

Office Use Only

County: _____

Vol. No.: _____

Starting
Date: ___/___/___

Inactive
Date: ___/___/___

Reactivation
Date: ___/___/___

Level 1: _____ (Verify)

Level 2: _____ (Folder)

Level 3: _____ (Computer)

_____/_____/_____/_____/_____/_____

I understand that as a volunteer in the RSVP Program, Excess Accident and Volunteer Liability Insurance covers me during the time of volunteer services. Part of this coverage includes an Accidental Life Insurance Policy and I would herby like to name the following person as my beneficiary.

Name: _____ **Phone Number:** _____

Address: _____

- I will maintain a valid driver's license when I drive a vehicle during my volunteer assignment.
- I will maintain the minimum Auto Liability Insurance required by the State of Kentucky when I drive my vehicle during my volunteer assignment.
- **Driver's License Number:** _____

By signing this application I am verifying that, to the best of my knowledge, all of the information that I have provided is accurate and true. I also understand that this enrollment form concerns volunteer activity not paid employment.

Volunteer Signature: _____ **Date:** _____

RSVP Staff Signature: _____ **Date:** _____