



Volunteer Enrollment Form

Please mail back to St. Charles Parish RSVP Office

St. Charles Parish-RSVP

274 Judge Edward Dufresne Parkway Luling, LA 70070

INFORMATION IN THIS BOX IS REQUIRED INFORMATION FOR ENROLLMENT

Please print and complete all sections. MUST PROVIDE A COPY OF ID OR DRIVER'S LICENSE.

Name _____ Birth date _____

Street Address _____ City, Zip _____

Mailing Address _____ City, Zip _____

Phone _____ Alternate phone: _____

Do you have a car? Yes No Claiming mileage reimbursement? Yes No

Driver's license # _____ State _____ Exp. Date _____

***If claiming mileage reimbursement, please include a copy of your proof of insurance.**

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Race please circle one: Hispanic, American Indian, Alaska Native, Asian, African American, Native Hawaiian or White

Are you a Veteran: Yes _____ No _____ If yes what Branch _____

Are you a Retired Veteran; Yes _____ No _____ Are you a spouse of a Retired Veterans; Yes _____ No _____

If yes what branch of the military did you serve in: _____

Would you like to be included on our Special On-Call List*? Yes No (see below)

I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of Volunteer

Date

Signature of RSVP Staff

Date

***SPECIAL ON-CALL LIST** – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from the non-profits.