

**Cranston Department of Senior Services  
RSVP Division**

**Volunteer Enrollment Form**

Please print and complete all sections.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Ethnic group:  Caucasian  African-American  Hispanic  Native Amer/Alaskan  Asian, Pacific Islander  Other

Physical/Medical Limitations \_\_\_\_\_

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 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Beneficiary for RSVP Supplemental Accident Insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Experience \_\_\_\_\_

Skills/Interests/Language \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Preferred Volunteer Assignments:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Days/Hours Available \_\_\_\_\_

Would you like to be included on our Special On-Call List?  yes  no

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

I \_\_\_\_\_ hereby agree to work as an unpaid volunteer with the City of Cranston. In consideration of the opportunity to assist in the activities at the Cranston Senior Center and the experience I will gain, I agree that I will receive no financial compensation nor will I receive any medical, accident, workers' compensation, unemployment or temporary disability coverage. In consideration of the opportunity to assist in the activities of the Senior Center I waive any rights I may otherwise have against the City of Cranston, its agents and employees to recover any injury or damage that may be suffered by me arising out of my service as a volunteer save for those injuries and damages directly caused by willful or grossly negligent acts of the City of Cranston, its agents or employees.

\_\_\_\_\_  
Signature of Volunteer                      Date                      Signature of RSVP Staff                      Date