



Osceola Council on Aging VOLUNTEER OSCEOLA

1300 Central Avenue, Kissimmee, FL 34741
Phone: 407-343-9731 Fax: 407-343-9738
1099 Shady Lane, Kissimmee, FL 34744
Phone: 407-846-8532 Ext: 209



E-mail: connie-rsvp@cfl.rr.com or bonnie-rsvp@cfl.rr.com

VOLUNTEER APPLICATION

Please indicate if you are a **RSVP Volunteer (age 55 and over)** _____

Or a **Generation Connection Volunteer (age 54 and under)** _____

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

HOME PHONE: _____ **DATE OF BIRTH:** _____ **AGE:** _____

YEAR ROUND RESIDENT: Yes _____ No _____ (Which months in FL?) _____

(SUMMER ADDRESS) _____

REFERRED BY: Newspaper _____ Radio/TV _____ Friend _____ Other _____

FORMER OCCUPATION _____ **HOBBIES** _____

VOLUNTEER EXPERIENCE (if any) _____

IF REQUIRED BY THE AGENCY WHERE YOU ARE PLACED, WOULD YOU AGREE TO A BACKGROUND CHECK? Yes _____ No _____

WHEN WOULD YOU BE AVAILABLE TO DO YOUR VOLUNTEER WORK?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____ Anytime _____

NAME OF EMERGENCY CONTACT _____

PHONE NO. _____

VOLUNTEER SIGNATURE _____ **DATE** _____

The following information is requested for statistical purposes and will not be given to any outside party:

ETHNIC GROUP: American Indian _____ Asian _____ Black _____ Hispanic _____ White _____

EMAIL ADDRESS _____ **DO YOU HAVE A HANDICAP?** No _____ Yes _____

(If Yes, what?) _____

(Please complete and sign reverse page.)

VOLUNTEER PROGRAM
R.S.V.P. & The Generation Connection
Osceola County Council on Aging
1300 Central Avenue, Kissimmee, FL 34741
Phone: 407-343-9731 Fax: 407-343-9738
E-mail: connie-rsvp@cfl.rr.com or bonnie-rsvp@cfl.rr.com

ACCIDENT INSURANCE

RSVP volunteers are insured while performing volunteer service. This is Excess Accident Medical Coverage and does not duplicate benefits payable under Medicare or any other valid and collectible insurance. Coverage applies while the volunteer is traveling to and from, and during volunteer-related activities. THIS INSURANCE IS PROVIDED AT NO CHARGE TO THE VOLUNTEER.

BENEFICIARY FOR RSVP INSURANCE

(Volunteers must complete whether or not you drive!!!)

NAME OF BENEFICIARY _____ DATE: _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

As a member of RSVP, I designate the person named above as my beneficiary of RSVP volunteer insurance.

Signature of Volunteer _____ Date Enrolled _____

Signature of RSVP Staff _____ Date _____

NOTE: *If no hours are submitted for a period of six months or more, RSVP will consider you inactive.*

If a volunteers drives within the scope of their volunteer assignment, it is their responsibility to maintain a valid driver's license and adequate automobile insurance.