



RSVP of Central CT, Inc.

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New Britain, CT 06050-0578
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E-Mail: rsvpnb@yahoo.com
Home Page: <http://www.rsvpcct.org>**

Volunteer Registration

Name: _____ Birth date: _____

Address: _____

City & Zip: _____ Phone: _____

Ethnic Group: White _____ Black _____ Hispanic _____ Native American _____
Asian _____ Other _____

Physical/Medical Limitations: _____

Do you drive?: _____ Driver's License #: _____ Expiration Date: _____

Emergency Contact: _____ Phone: _____

Beneficiary for RSVP Supplemental Insurance: _____

Address: _____

Phone: _____ Relationship: _____

Employment Experience: _____

Skills, Interests, Hobbies: _____

Preferred Volunteer Assignments: _____

Days and Times Available: _____

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect, automobile liability insurance equal or greater to the minimum required by the State of Connecticut.

Signature of Volunteer

Date

Signature of RSVP Director

Date