



Volunteer Information

Full Name: Birth Date: Last First

Address: Street Address Apartment/Unit # City State ZIP

Phone: Email:

Opportunity you're interested in: Transportation - VCSWG

How did you learn about 55+?

Are you currently retired? YES NO If no, please list employer:

May we use your picture for publicity? YES NO

Driver's License and Insurance Information

All UWCI 55+ volunteers are covered by supplemental insurance, including excess automobile liability, personal liability and life insurance. Volunteers are eligible to be reimbursed for mileage while volunteering.

Would you like reimbursement? YES NO

Driver's License Number: Auto Insurance Provider:

Emergency Contact

Name: Relationship:

Address: Phone:

Insurance beneficiary if different from emergency contact:

Name: Relationship:

Address: Phone:

Statistical Reporting and Signature

Do you have any health or physical conditions that need to be considered when arranging volunteer activities?

Race: (Please choose one) White Native Hawaiian/Pacific Islander Black/African American Hispanic American Indian/Alaskan Native Asian

Are you a Veteran? YES NO

I certify that the above information is accurate to the best of my knowledge.

Signature: Date:

UWCI RSVP Staff Signature: Date:

Volunteer Application (11/18)