

RSVP – Lead With Experience

A Program of Catholic Charities Diocese of Arlington

200 N. Glebe Road, Suite 506, Arlington, VA 22203

Telephone: 703-841-3831 E-Mail: rsvp@ccda.net Fax: 703-841-3840

Enrollment Record

Name: (Mr. / Mrs. / Ms. / Miss or _____) _____

Mailing Address: _____ Apt.# _____
Street Address

City _____ State _____ Zip Code _____ County _____

Date of Birth: ____/____/____ Telephone: ____-____-____

E-Mail: _____

If you plan to use your personal automobile to, from, or during volunteer work, please enter the following:

Driver's License Number: _____ Expiration Date: _____ State: _____

(If you use your personal vehicle in volunteer service, you must keep your driver's license valid and your own auto insurance in effect at least to the minimum coverage required by the Commonwealth of Virginia.)

Please specify: White (Not Hispanic) Black (Not Hispanic) Hispanic Native Hawaiian
 Asian/Pacific Islander American Indian/Alaskan Bi-Racial Unspecified _____

Education level (highest level completed): Middle School High School diploma Some college
 2 year degree 4 year degree Graduate degree Other training _____

Accommodations/Disabilities: _____

Comfort with computers (5 is highest comfort level): 0 1 2 3 4 5

Language (s) spoken/written: _____

Parish (if applicable): _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Telephone:** ____-____-____

Supplemental Liability Insurance: RSVP pays the premium on accident insurance and on supplemental liability insurance, both personal and automobile, for its volunteers. Pamphlets describing these coverages are available from the RSVP office. Designation of beneficiary for RSVP accident insurance:

Beneficiary Name: _____ **Relationship:** _____

Address: _____ **Telephone:** ____-____-____

