

## Cranston Department of Senior Services 1070 Cranston Street, Cranston, RI 02920

## RSVP Volunteer Enrollment Form

Please print and complete all sec	tions.			
Name		Birth Date		
Street Address		City, Zip		
Phone		Email Address:		
Ethnic group: Caucasian A	African-AmericanF	Hispanic Native Amer/AlaskanAs	ian, Pacific Islander Other	
Physical/Medical Limitations				
Do you have a car?yes	no Claiming m	ileage reimbursement:yes	_ no	
Driver's license/ID#		Type E	exp. Date	
Emergency Contact		Relationship		
Phone		Email Address:		
Beneficiary for RSVP Suppleme	ntal Accident Insuran	ce:		
Name		Relationship		
Address		Phone		
Employment Experience				
Preferred Volunteer Assignment				
1.		2		
Days/Hours Available				
Would you like to be included or	n our Special On-Call	List? yes no		
I understand that if I use my pers	sonal automobile to an	nd from my volunteer work station, I wi	ll arrange to keep in effect	
automobile liability insurance eq	ual to or greater than	the minimum required by the state.		
Ι		hereby agree to work as an unpa	id volunteer with the City of	
Cranston. In consideration of the	e opportunity to assist	in the activities at the Cranston Enrich	ment Center and the	
experience I will gain, I agree that	at I will receive no fin	ancial compensation nor will I receive	any medical, accident,	
workers' compensation, unemplo	syment or temporary of	disability coverage. In consideration of	the opportunity to assist in	
the activities of the Enrichment C	Center I waive any rig	hts I may otherwise have against the Ci	ty of Cranston, its agents	
and employees to recover any inj	jury or damage that m	ay be suffered by me arising out of my	service as a volunteer save	
for those injuries and damages di	rectly caused by willf	ful or grossly negligent acts of the City	of Cranston, its agents or	
employees.				
Signature of Volunteer	Date	Signature of RSVP Staff	Date	