

# RSVP

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## Lead With Experience

Douglass Community Services, Inc.

## RSVP

711 Grand Ave.\* Hannibal, MO 63401

Phone: (573)221-3892 ext. 247

### Please Print and complete all sections

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Ethnic Group (optional) **Circle One:** Caucasian African-American Hispanic  
Native American Alaskan Native Asian Pacific Islander Other

*I understand that if I use my personal automobile to and from my volunteer work, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.*

Previous work or occupation: \_\_\_\_\_

General Interest/Hobbies: \_\_\_\_\_

Preferred Volunteer Work: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Beneficiary for RSVP Supplemental Accident Insurance:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of RSVP: \_\_\_\_\_ Date: \_\_\_\_\_