



Betsy Phillips
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Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

E-Mail Address: _____

Previous Volunteer Experience

Type of volunteer activity preferred:

- | | | | | |
|--|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Driving | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Visiting | <input type="checkbox"/> Consulting | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Office | <input type="checkbox"/> Clowns | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Tour Guides |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Hospital Assignments | <input type="checkbox"/> Other _____ | | |

Agencies of interest (if applicable): _____

Preferred geographic area to serve: Jackson Clay Platte

Days available: Mon Tues Wed Thurs Fri Sat/Sun

Times available: AM _____ PM _____

Are there any physical conditions that should be considered in arranging assignments for you?

If yes, please explain: _____

RSVP provides free accident insurance and liability insurance for all members. Do you have auto liability insurance? YES NO

Name of a beneficiary for the accident insurance: Name: _____

Phone: _____

Address: _____

 Signature

 Date



Thank you for Volunteering!



United Way of
 Greater Kansas City