The Volunteer Connection	Volunteer Station:Juab County CVM	мс
Six County RSVP	Assignment:	
Retired and Senior Volunteer Program & the	Day/Time Available:	
	Please complete t	this form and return it to
Volunteer Center		Carrie Olvera, Manager
Corporation for NATIONAL &	250 North Ma	nin, Suite B03 – Po Box 820 Richfield, UT 84701
COMMUNITY SERVICE		435-893-0735
HandsOn NETWORK	Toll-Fr	ee: 1-888-899-4447 ext. 735
VOLUNTE	EER REGISTRATION FORM	
Ms.		
Mrs.	Talankana	
Mr(Please print)	Telephone	
Mailing Address	City,U	<u>UT</u> Zip
Email Address:	Date of Birth	(Important! As we "Tell of service.)
EN	ROLLMENT RECORD	
I volunteer my services through the SIX COUNTY RETIRED and my permission to use pictures and/or stories of activities I am in		

understand that completing this registration form gives RSVP and the Volunteer Center permission to include my service as they "Tell the Story" of what is being

Signature of Volunteer Program Manager

accomplished by volunteers, in Sevier, Millard, Juab, Sanpete, Piute, and Wayne Counties of Utah.

Information below this line is needed only for volunteers 55 years of age and older, to activate RSVP accident & liability insurance.

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I agree that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the State of Utah

Do you drive? YES NO	Drivers License number	Exp. Date:
Do you have Auto Liability Insura	ance? YES NO Auto Ins. Car	rier:
Ins. Agent name:	Agent pho	one #:
Person to notify in an emergency		
Telephone	Relationship	

DESIGNATION OF BENEFICIARY FOR RSVP ACCIDENT INSURANCE

Signature of Volunteer

Date

(Relationship)

(Address)