Volunteer Center at HANCI Retired & Senior Volunteer Program of Niagara County

S

1302 Main Street, Niagara Falls, New York 14301-1193 * 285-8224 * FAX 285-8233



Name (Print) Dr/Miss/Mrs/Ms/Mr			Birthdate		
	Last	First		Month Day	Year
Address			Telephone		
Street	Apt # City	Zip Code			
Employment Experience			Email		
Volunteer Experience					
Have you ever registered with RSVP before?	How	did you hear about RSVP?			
Physical Limitations		Are you a Veteran?	Yes / No	Branch of Service	
Do you drive? Yes / No Driver's Lice	ense ID Number		Expiration Date		
Please circle	YES Laive RSVP/	HANCI permission to use my pl	hotograph/video for pub	lication	
Volunteer Assignment/Station			notograph/ video for put	incation	
In case of an emergency, contact					
	Name	Rela	ationship	Phone Number	
Beneficiary for RSVP Accident Insurance					
	Name		ationship	Phone Number	
		vehicle in my volunteer service, I will Jual to the minimum required by Ne			
Volunteer				Date	
Signature					
RSVP Director			Date		
Signature			Cornoration for		
		n fan National en de Community Samiae	NATIONAL	ST No Viel Int	United Way
Additional funding is provided by the New York State Office for the United Way of Greater Niagara, the United Way of the Tonaw	he Aging, the Niagara County Office for t		COMMUNI	TY OFFICE for*	what matters."
Volunteer Center at HANCI programs are funded through federal Additional funding is provided by the New York State Office for tl	he Aging, the Niagara County Office for t		Corporation for NATIONAL COMMUNI SERVICE	STY TY OFFICE for ™AGING	United Way what matters