



Texoma Retired & Senior Volunteer Program

1117 Gallagher Drive, Suite 200 • Sherman, Texas 75090

903.813.3588 • Fax 903.813.3515

VOLUNTEER MEMBERSHIP APPLICATION

Mr. Ms. Mrs. _____ DATE ____/____/____

Home address _____

City, State, & Zip _____ Birthdate ____/____/____

Phone (____) _____ Email _____@_____

Please check ALL that apply to you. This data is for statistical analysis. Submission of information is voluntary.

Male Female Single Married Widowed

Black White Hispanic American Indian Other Handicapped

Retired from _____ Position _____

Referred to RSVP by _____ I am volunteering at _____

I am not currently volunteering and would like to know of volunteer opportunities available.

Method of transportation Own car* Ride with a friend TAPS

*If you drive your own car, please provide your driver's license number, expiration date, and insurance carrier for our records.

Driver's license no. _____ Exp. Date ____/____/____ Insurance _____

I understand that by signing this form, I am under no obligation. I volunteer my service through the Retired & Senior Volunteer Program. If I use my personal car while volunteering, I will arrange to keep in effect auto liability insurance equal to the minimum limits required by the state of Texas.

RSVP is required to carry supplemental accident, personal liability, and excess automobile insurance coverage on its volunteers. Contact office for more information. I do not have a beneficiary; please designate benefits to my estate.

Beneficiary for RSVP Accident Insurance

Name _____ Relationship _____

Address _____

City, State, Zip _____ Phone (____) _____

X _____

(Signature of RSVP Volunteer)

FOR OFFICE USE ONLY

Signature of RSVP Director _____ Date ____/____/____