

**RSVP**  
**Lead with Experience**  
***RSVP of Northern Fairfield County***  
**66 North Street, Danbury CT 06810**  
**203-885-1391**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you drive? \_\_\_\_\_ if yes: Driver's license number \_\_\_\_\_ Exp. \_\_\_\_\_

Do you have any limitations that would involve special placement?

Yes Details \_\_\_\_\_

No

Do you speak any language other than English?

Yes Details \_\_\_\_\_

No

**Ethnicity: (Optional)**

\_\_\_ African American

\_\_\_ Caucasian

\_\_\_ Asian \_\_\_\_\_ Other

\_\_\_ Native American

\_\_\_ Hispanic

**In case of an emergency, please**

**Notify:**

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

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

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

**Designation of Beneficiary for**

**RSVP's Supplemental Insurance:**

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

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

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

**Application must be signed**

I understand that I am not an employee of RSVP, or CACD, or of the volunteer station to which I am assigned. I further understand that if I use my car to drive to volunteer assignments, I must maintain the minimum insurance required by the state of CT.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

RSVP Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please complete other side) ▶**