




823 Commerce Loop ♦ Port Townsend, WA 98368 ♦ (360) 385-2571

## NOVC / RSVP Volunteer Application

NOVC \_\_\_\_\_ RSVP \_\_\_\_\_

### Personal Information (Please print clearly)

Name of Applicant: (Last, First, Middle)		Street Address:		
Date of Birth:	Gender:	City / State / Zip		
Phone Number:		Mailing Address:		
Cell Number:				
Email Address:		Mailing State & Zip:		
Emergency Contact: Relationship:			Are you a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Emergency Contact Phone Number:				
Current or Previous Occupation(s):		Volunteer Experience:		

### Insurance Information

NOVC / RSVP Excess auto liability insurance requires the following:  Driver's License #: _____  State of Issuance: _____  <b>Do you carry the state-required minimum liability insurance? Yes No</b>	Please name a beneficiary for your NOVC / RSVP Accident Insurance Benefits: <b>Beneficiary:</b> _____  _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Address</span> <span>City</span> <span>State / Zip</span> </small>  <b>Phone Number:</b> _____
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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICIAL USE ONLY

Placement Entry Date: _____  Approval Signature: _____	<b>Position Assignment (s)</b> <input type="checkbox"/> Vet Connect <input type="checkbox"/> Head Start <input type="checkbox"/> Senior Nutrition <input type="checkbox"/> Encore <input type="checkbox"/> Community Center <input type="checkbox"/> Food Bank <input type="checkbox"/> Tutoring <input type="checkbox"/> ECHHO <input type="checkbox"/> Volunteer Chore Services <input type="checkbox"/> Other
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