



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 NO	
Emergency Contact Phone Number:		Do you have a disability? YES NO	
Current or Previous Occupation(s):		Volunteer Experience:	

Insurance Information

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

Gives permission for verbal signature on
at (time)

OFFICIAL USE ONLY

Placement Entry Date: _____ Approval Signature: _____	<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">Position Assignment (s)</td> </tr> <tr> <td style="width: 50%; text-align: center;"> Vet Connect Senior Nutrition OlyCAP Volunteer Services </td> <td style="width: 50%; text-align: center;"> Head Start Food Bank Tutoring ECHHO Other </td> </tr> </table>	Position Assignment (s)		Vet Connect Senior Nutrition OlyCAP Volunteer Services	Head Start Food Bank Tutoring ECHHO Other
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