



## CCCV Central Coast Community Volunteers

Serving SLO County- e-mail: Cheryl@seniorvolunteers.org

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### ENROLLMENT FORM

LAST NAME		FIRST NAME			MI	TELEPHONE NO.
STREET ADDRESS		CITY	STATE	ZIP	MALE      FEMALE	
DATE OF BIRTH	IN EMERGENCY NOTIFY		RELATIONSHIP		TELEPHONE NO.	
E-MAIL ADDRESS:			FAX NUMBER:			
CELL PHONE NUMBER:		WORK PHONE NUMBER:		EXT:		

#### WORK EXPERIENCES


#### EDUCATION, LICENSES, and/or SPECIALIZED TRAINING


**MILITARY SERVICE?**      Yes      No      (Please circle)

**(Optional) Race/Ethnic Background:** White\_\_ Asian\_\_ African-American\_\_ Hispanic/Latino\_\_  
Other\_\_\_\_\_

#### ELECTRONIC COMMUNICATION?

**Would you like to receive communication via your e-mail?** Yes\_\_\_ No\_\_\_  
(Newsletters, Welcome Letters & correspondence)

#### CURRENT VOLUNTEER SERVICE

#### PREVIOUS VOLUNTEER SERVICE


**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Do you have any physical conditions that may limit your assignment? Explain below.

ARTHRITIS	HEART	LUNGS	VISION	HEARING	STANDING	SITTING	WALKING
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(The following information is required for CCCV insurance coverage)

**DESIGNATION OF BENEFICIARY**

(CCCV Accident Insurance)

NAME	RELATIONSHIP	ADDRESS

**AUTOMOBILE INSURANCE**

DRIVER'S LICENSE No.	AUTO INSURANCE CO.	POLICY No.	EXPIRATION DATE
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**MUTUAL UNDERSTANDING**

A. I \_\_\_\_\_ volunteer my services through (CCCV) **Central Coast Community Volunteers**, and I understand that I am not an employee of CCCV or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided only to Volunteers enrolled in CCCV. Reporting of hours may be done on a workstation roster or on a completed monthly report "Volunteer Hours Log" form and mailed, e-mailed, telephoned or FAX'd to the SVS office. *If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.*

**NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to CCCV by the 10<sup>th</sup> of each month for the preceding month. Station coordinator signature is required on log sheet in order to qualify for reimbursement.**

**\*\*I understand that if I receive mileage reimbursement at my assigned station from Federal Funds, I will not be eligible for any from CCCV.**

***If no reimbursement is requested the mileage can be donated to Senior Volunteer Services as an in-kind donation, and based on individual tax situations, may qualify for a deduction.***

I understand and agree with the above statements: \_\_\_\_\_ (VOLUNTEER SIGNATURE) \_\_\_\_\_ (DATE)

Referred by: \_\_\_\_\_

**FOR CCCV USE ONLY:**

Workstation (s) Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF CCCV COORDINATOR ) (DATE) (SIGNATURE OF RSVP DIRECTOR) (DATE)