



# VOLUNTEER ENGAGEMENT FORM

*Serving Cascade County*

1900 32nd Ave NE, Black Eagle, MT 59414 ♦ PO Box 1343, Great Falls, MT 59403  
406-727-3400, ext. 500 ♦ volunteer@uwccmt.org

Name \_\_\_\_\_

Birth date \_\_\_\_\_ (You must be 55 years old to join United Way RSVP)

Gender \_\_\_\_\_ Are you a Veteran  Yes/  No (Please check one)

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

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

Preferred Volunteer Assignments/Interests/Skills

\_\_\_\_\_  
\_\_\_\_\_

Work/Volunteer Experience

\_\_\_\_\_  
\_\_\_\_\_

Physical/Medical Limitations

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about United Way RSVP

\_\_\_\_\_  
\_\_\_\_\_

RSVP Accident Insurance Beneficiary

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact & number \_\_\_\_\_

I verify that the above information is accurate to the best of my knowledge. I hereby volunteer my services through the United Way Retired and Senior Volunteer Program. If I use my car in volunteer service, I will keep in effect the minimum liability insurance. I understand there may be times during my volunteer service that the media may take pictures or film volunteers. If I do not want to appear in the media, it is my responsibility to decline an interview and/or move out of a camera shot.

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

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