



THE VOLUNTEER CENTER
of BROWN COUNTY

Reading Coaches for Kids

Registration Form

Date: _____

Name: _____ ☐ Female ☐ Male

Have you ever been known by another name(s): _____

Address: _____ WI _____
Street Apt. No. City Zip Code

Email: _____ Home/cell phone: (____) _____

I prefer to be contacted by: ☐ email ☐ phone

Birthdate: _____ (This is used to determine eligibility for RSVP program benefits.)

Place of employment _____ Work phone: (____) _____

May we call you at work? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No Are you a military family member? ☐ Yes ☐ No

What days of the week are you available? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

What time of the day do you prefer? ☐ Morning ☐ Afternoon

Activities restricted due to health? _____

Have you ever been convicted of a crime other than a minor traffic offense? _____
(Note: DWI is not considered a minor traffic offense.)

Transportation used: ☐ Car ☐ Bus ☐ Walk

Volunteer experience:

Work experience:

Emergency contact: _____

Phone: _____ Relationship to you: _____

Volunteers age 55 and better are part of RSVP and are covered by accident and personal liability insurance, plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

I authorize the release of my name and applicable information to any agency where I may volunteer and all information is accurate.

Signature of Volunteer

Date

To submit this form electronically, please download to your computer, fill out on your computer, then attach to an email and send to anne@volunteergb.org.

To submit a hard copy, print this completed form and mail or fax to:

984 Ninth St., Green Bay, WI 54304 • Fax: (920) 429-9449 • Phone: (920) 429-9445