



RRCS Volunteer Application

PLEASE NOTE: RRCS BOARD OF DIRECTORS REQUIRES THAT VOLUNTEERS OF ALL RRCS PROGRAMS BE FULLY VACCINATED AGAINST COVID-19. PLEASE PROVIDE A COPY OF YOUR VACCINATION RECORD CARD WITH THIS APPLICATION.

(Please print this application or use your electronic device to complete.)

Date: _____ County of Residence: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

At your discretion, please circle income level. This information is collected for statistical purposes only.

		Level A	Level B	Level C	Level D	Level E	Level F	Level G
Single	Annual	\$0 - 12,880	\$12,881 - 14,168	\$14,169 - 17,169	\$17,170 - 21,458	\$21,459 - 25,760	\$25,761 - 32,200	\$32,201 & above
Married	Annual	\$0 - 17,420	\$17,421 - 19,162	\$19,163 - 23,221	\$22,222 - 29,022	\$29,023 - 34,840	\$34,841 - 43,550	\$43,551 & above

Emergency Contact: _____ Phone: _____

Where would you like to volunteer? Care-A-Van Transit RRCS Driving Program

Food Distribution Program Ombudsman MSC Nest Egg Thrift Store

Advisory Council Senior Center in which county? _____

List any medical needs or problems: _____

Have you ever been convicted of a crime other than a traffic violation? YES NO

If yes, please explain: _____

For Transit/Transportation Program Volunteers **ONLY** (Care-A-Van, RRCS Driving, and/or Food Distribution Programs):

Are you licensed to drive in the State of Virginia? YES NO

Do you have Liability Automobile Insurance, at least? YES NO

Volunteer Signature: _____

RRCS Staff Signature: _____

Please mail this completed application, signed by you, to:
RRCS, ATTN: Volunteer Manager, PO Box 1568, Culpeper, VA 22701.

If you have any questions, please contact the Volunteer Manager at 540-825-3100, extension 3358. (rev. October 2021)