



**RETREAT ASSISTANCE
NETWORK
VOLUNTEER REGISTRATION
FORM**

Name: _____

Please Print Clearly

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

I am interested in volunteering to provide: (Check all that apply)

- Transportation to medical appointments
- Rides for grocery shopping or Hair appointments
- Prescription drug, grocery and mail pick-ups
- Check-in phone calls or personal visits
- Minimal meal preparation

I understand that I am not an employee of RAN and agree to serve without compensation. I understand that if I use my personal automobile to drive during my volunteer assignment, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state. (Complete insurance info, only if providing transportation.)

Driver's License

Insurer (Attach Copy of Insurance Card)

(See Over)

As a volunteer of the RETREAT ASSISTANCE NETWORK, I understand that all caregiver and client information is to remain confidential and the volunteers and RAN facilitators are prohibited from revealing confidential information.

Signature of Volunteer

Date

**Return Form to: Audrey DeLoffi, 9092 SE Retreat Dr, 245-8420,
ay.deloffi@gmail.com**