

Central Iowa RSVP (Retired and Senior Volunteer Program)  
Heartland Senior Services  
Grocery Delivery Service Application Form



**QUESTIONS: PLEASE CALL RSVP AT 515-292-8890**

Name: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_  
Street City Zip  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ (required – see attached policies)

Number in Household: \_\_\_\_\_ Do you have pets? No Yes If yes, please describe (# of pets, breed, etc.):  
\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
Name Phone Relationship

**For grocery delivery service, 3 of the 4 grocery stores require orders to be placed online. In order to determine the level of assistance you will need in accessing this service, please answer the following questions:**

Do you have a computer, smart phone or other device with internet access? Yes No  
If Yes, can you order your own groceries online? Not Sure Yes No  
If No, do you have a friend/family member who could order groceries online for you? Yes No  
If No, do you need a volunteer to order or help you order groceries online? Yes No

Do you need help setting up an online grocery account? Yes No

To purchase groceries online, which of the following do you have? Credit Card Debit Card EBT Card

Which store(s) do you prefer to shop at for groceries (name and location)?  
\_\_\_\_\_

Do you need assistance with putting groceries away? Always Sometimes Never

***I have received, read, and agree to the policies of the HSS-RSVP grocery delivery service. I agree to have an RSVP volunteer(s) assigned to pick up, deliver and bring groceries either to my door or into my home. I understand that the information provided on this registration form is confidential and will NOT be shared or used by RSVP or HSS except for the purpose of providing grocery delivery services. I hereby agree to indemnify and hold harmless Central Iowa RSVP and its participants against any and all liability or costs which I may incur.***

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HSS or RSVP Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about this service? \_\_\_\_\_

Notes (Office Use Only): \_\_\_\_\_  
\_\_\_\_\_

**Please return this form to: Central Iowa RSVP, 503 Elm Avenue, Story City, IA 50248**