



REGION 10 RSVP VOLUNTEER ENROLLMENT FORM

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

Computer Entry: ___/___/___

By: _____

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____

Birth Date _____

Mailing Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Email: _____ **Cell Phone:** _____

Are you a Veteran? ___Yes ___No

Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? ___Yes ___No
If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License # _____ State: _____ Expiration Date: _____

AmeriCorps Seniors RSVP provides a mileage reimbursement to volunteers for travel between home and volunteer site. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? ___Yes ___No

If Yes, will you be able to provide proof of active auto insurance coverage upon request? ___Yes ___No

As an AmeriCorps Seniors volunteer in RSVP, you will be provided supplemental accident, supplemental personal liability, and excess automobile 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 AmeriCorps Seniors RSVP volunteer. Please provide the following information.

Primary Emergency Contact: _____ **Phone:** _____

Secondary Emergency Contact: _____ **Phone:** _____

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

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Check the days during the week when you are available to volunteer:

Mornings on Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Afternoons on Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Evenings on Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

How many hours do you think you would like to volunteer each week? _____

Do you have allergies we should know about? ___Yes ___No

If yes, what? _____

Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience (Current, Past, Preferred): _____

CERTIFICATIONS By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Region 10 Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, Region 10 RSVP, the volunteer station, or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Colorado. I will also keep in effect a valid Colorado Driver's license.

Volunteer Signature

Date

Staff Signature

Date

Equal Employment Agency – Region 10 RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP programs provide reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Region 10 RSVP at (970) 765-13147.

Return completed registration to:	Region 10 RSVP 145 S. Cascade Ave Montrose, CO 81401	For Questions contact: Joe Walker (970) 765-3147 jwalker@region10.net
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The following information is optional and will not affect your enrollment with Region 10 RSVP

1. Occasionally Region 10 RSVP will purchase volunteer recognition gifts for AmeriCorps Seniors volunteers. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket		Vest		Hoodie	
Sweatshirt		Hat		Shoe size (for snow cleats)	

2. Which show of appreciation would mean the most to you? (Check all that apply)

- Specially arranged meals Gifts Certificates Logo wear
 Being chosen as the volunteer of the month Being highlighted in the newsletter
 Other (Make suggestion) _____

3. AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).

- Are you a Veteran?
 Are you an active Military Member?
 Are any of your family members actively serving in the military?

(Optional) Gender:

- Male
 Female

(Optional) Race/Ethnic Background:

- White Asian African-American Hispanic/Latino
 American Indian/Alaska Native Pacific Islander Other

Thank you for any information you have provided. Your information is **never sold**, shared, or used outside of Region 10 RSVP, AmeriCorps Seniors RSVP, or AmeriCorps Seniors without your permission.