



REGION 10 VOLUNTEER ENROLLMENT FORM



Please clearly print and complete all sections

Name _____ Email: _____

Birth Date _____ *Are you age 55 or greater? ___Yes ___No

Mailing Address: _____ City: _____

Zip: _____ Phone: _____ Cell Phone: _____

***Region 10 has a Retired and Senior Volunteer Program (RSVP) and a Senior Companions (SC) program. You must be 55 years of age or greater to join RSVP or SC, but this age is not a requirement for all volunteer opportunities.**

Are you a Veteran? ___Yes ___No Are any of your family members veterans? ___Yes ___No

Physical/Medical Limitations: _____

Primary Emergency Contact: _____ Phone: _____

Secondary Emergency Contact: _____ Phone: _____

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.

Please check the times during the week when you are available to volunteer:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start time: _____	_____	_____	_____	_____	_____	_____	_____
End time: _____	_____	_____	_____	_____	_____	_____	_____
Notes: _____	_____						

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

Driver's license #: _____ License Expiration: _____

Current automobile insurance company: _____

Insurance exp: _____ Typical Renewal? *Monthly, Quarterly, 6 Month, Annually*

As a Region 10 Volunteer, 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 volunteer (requires 10 hours of service per 12 month period). Please provide the following information for a Beneficiary for Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Do you have allergies we should know about? ___Yes ___No

If yes, what? _____



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Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience (Current, Past): _____

Types of Volunteer Opportunities Interested In:

- | | |
|---|--|
| <input type="checkbox"/> Senior Meal Delivery | <input type="checkbox"/> Habitat for Humanity |
| <input type="checkbox"/> Packing meals for delivery | <input type="checkbox"/> Habitat Restore assistance |
| <input type="checkbox"/> Food Bank assistance | <input type="checkbox"/> Providing senior companionship |
| <input type="checkbox"/> Delivering food | <input type="checkbox"/> Providing respite for caregivers |
| <input type="checkbox"/> Helping with odd jobs | <input type="checkbox"/> Clerical/office tasks |
| <input type="checkbox"/> Small Handyman-type tasks | <input type="checkbox"/> Providing transportation to seniors |
| <input type="checkbox"/> Building WheelChair Ramps | <input type="checkbox"/> Painting walls, interior |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Special event planning, set-up |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Art/Music: _____ |
| <input type="checkbox"/> Mentoring youth | <input type="checkbox"/> Teaching others: _____ |
| Other: _____ | |

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

- I hereby state that I am at least 18 years of age and offer my services as a volunteer for Region 10. I understand that I am not an employee of the Region 10 or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as a volunteer for Region 10 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 for 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 is an equal opportunity agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. Reasonable accommodations are provided 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, contact Region 10 at (970) 765-3147.

**Return completed
enrollment form to:**

Region 10 Volunteer Program
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 but helps us to know how to best show our appreciation. It also allows us to report to AmeriCorps additional demographic information related to inclusion and diversity.

This information will not affect your enrollment with Region 10 as a volunteer but it may help this program measure progress toward meeting diversity goals.

(Optional) Gender: (Optional) Race/Ethnic Background:

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

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

Item	Size	Item	Size	Item	Size
Jacket		Vest		Hoodie	
Sweatshirt		Sun hat		Ball cap	

2. Which show of appreciation are meaningful to you? (Check all that apply)

☐ Specially arranged meals ☐ Gift Certificates ☐ Logo wear ☐ Thank You card
☐ Being chosen as the volunteer of the month ☐ Being highlighted in the newsletter
☐ Other (Make suggestion) _____

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