

RSVP VOLUNTEER REGISTRATION



Date _____

Mr./Mrs./Miss _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone # _____ Birthday _____

Social Security # _____ E-mail address _____

Education: _____

Veteran: _____ Yes _____ No Are you an active Military Member _____

Are any of your family members actively serving in the military? _____

Ethnic Group: _____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Hispanic

_____ African-American (not Hispanic origin) _____ Caucasian (White)

Please name a person to be notified in case of an emergency:	
Name _____	Relationship _____
Address _____	Phone # _____
City _____	State _____ Zip Code _____

RSVP SENIOR VOLUNTEER INSURANCE

As a volunteer of RSVP, you will be covered by accident and personal liability 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, enroll member of RSVP. Please provide the following information. .

Beneficiary _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

{ } I hereby grant RSVP permission to use my likeness in photograph's/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by RSVP of Limestone County in perpetuity. I will make no monetary or other claim against RSVP for the use of these photograph(s).

{ } I do not give permission to use my likeness in photograph(s)/video (s) to Limestone County RSVP.

VOLUNTEER INTERESTS

Yes/No Do you have a disability (*defined as having physical or mental impairments which substantially limit one or more major activities*) If you, what arrangements need to be made to accommodate your volunteer assignment

Special Skills/Interest/Languages _____

Please mark any of the following volunteer efforts you are interested.

_____ crafts _____ nursing home volunteer _____ mailing assistant
_____ nutrition/meal site _____ vocal/band performing group
_____ clerical assistant _____ school volunteer _____ Red Cross
_____ hospital auxiliary _____ host/hostess _____ clerical
_____ tutoring adults _____ Boys and Girls Club _____ baking
_____ physically challenged individuals _____ special events
_____ community gardening _____ beautification
_____ respite _____ other

Would you prefer a _____ long-term _____ short-term assignment

How often do you want to volunteer _____ twice a week _____ twice a month
_____ once a week _____ once a month

Certifications

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

That I am 55 years of age or older and offer my services as a volunteer for the Limestone County RSVP. I understand that I am not an employee of the RSVP Project, the sponsor, Limestone County, the volunteer state, or the Federal Government and agree to serve without compensation.

That in my capacity as an RSVP volunteer 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.

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. I will also keep in effect a valid Driver's License (State) _____ Driver's license # _____

SENIOR VOLUNTEER INSURANCE STATEMENT

only if the volunteer drives a car, regardless if they plan to transport other people or volunteers.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits by the state of Alabama.

I am insured with _____
(Name of Company)

RSVP Volunteer Signature Date RSVP Director Signature Date

Mail the completed form to: Retired and Senior Volunteer Program (RSVP)
Post Office Box 852
Athens, Alabama 35612
256-232-7207 (Office Phone) 256-232-8842 (fax number)

Equal Employment Agency – Athens-Limestone County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. RSVP provides reasonable accommodation information or if you need special accommodations to complete the application process, please contact RSVP at (256)232-7207.