

RSVP

Lead With Experience

www.heartlandrsvp.org

RSVP Volunteer Enrollment Form

Name: _____
Please print

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Current Age: _____
You must be 55 or older to enroll

Race/Ethnicity: *This information is required, and is used for statistical purposes only.*

Caucasian African-American Hispanic

Native American, Alaskan Asian, Pacific Islander

Gender: Male Female Do you have a disability? Yes No

Are you a veteran? Yes No

Are you a spouse of a veteran? Yes No

Type of transportation: Personal Vehicle RSVP Transportation

Please list someone to contact in case of an emergency:

Contact Name: _____ Phone: _____

Please designate a beneficiary for your free RSVP Supplemental Insurance:

Name: _____ Relationship: _____

Address _____ Phone: _____

Do you have previous volunteer experience? Yes No

If yes, where? _____

If there is a specific place you'd like to volunteer, please list it here:

Organization Name: _____

Your volunteer skills and/or interests: *Check all that apply*

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Assisting with Activities | <input type="checkbox"/> Bilingual Skills | <input type="checkbox"/> Board or Committee Work | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Companionship/Friendly Visitation | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Consumer Fraud Education | <input type="checkbox"/> Counseling/Support |
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Delivering Home Delivered Meals | <input type="checkbox"/> Disaster Preparation | <input type="checkbox"/> Environmental Awareness Education | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Interviewing Clients | <input type="checkbox"/> Medicare Counseling | <input type="checkbox"/> Miscellaneous Entertainment | <input type="checkbox"/> Non-Profit Capacity Building |
| <input type="checkbox"/> Preparing Mailings | <input type="checkbox"/> Preparing Meals | <input type="checkbox"/> Providing Respite for Caregivers | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Reading Stories to Children | <input type="checkbox"/> Recruiting Volunteers for Non-Profits | <input type="checkbox"/> Serving Meals | <input type="checkbox"/> Singing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Thrift Store Work | <input type="checkbox"/> Transportation for Medical Appts | <input type="checkbox"/> Typing | <input type="checkbox"/> Victim Assistance |

RSVP Special Projects

Special projects are occasional opportunities for service that arise from time to time, and which may consist of activities such as assistance with a non profit fund raising event or disaster relief assistance (e.g., fires, weather disasters, etc).

The choice of whether to volunteer for any particular special project is always entirely yours. Would you like to be informed of special projects opportunities as they arise?

- Yes No

Physical conditions to be considered in arranging your volunteer assignment?

VOLUNTEER COMMITMENTS: Please read this carefully before signing at the bottom.

Release of Information: I understand that the information provided on this form may be disclosed for the purposes of volunteerism.

Confidentiality: I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential.

Insurance: If I use my car in volunteer service, I certify that I carry at minimum the state required liability insurance.

Volunteer Assignment: I understand my responsibilities as a volunteer. If a job description is needed, I will contact the RSVP office.

Release and Waiver: I desire to work as a volunteer for RSVP - a program of Senior Adult Services, Inc. ("RSVP/SASI") and engage in the activities related to being a volunteer (the "Activities").

I hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver: I hereby release and forever discharge and hold harmless RSVP/SASI, its directors, and employees from any and all costs, liabilities, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the Activities on behalf of RSVP/SASI.

I understand that this Release discharges RSVP/SASI from any liability or claim that I may have against RSVP/SASI with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the activities on behalf of RSVP/SASI, whether caused by the negligence of RSVP/SASI or otherwise. I also understand that RSVP/SASI does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, disability, or automotive insurance in the event of injury or illness. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

I understand that I am not an employee of RSVP/SASI, the sponsoring agency, or of any agency where I may volunteer. I am under no obligation to accept or continue any assignment unless I choose to do so. I affirm that the information I have provided is accurate and that I have read and agree to the statements above.

I acknowledge that I have received, and will review the RSVP handbook.

Volunteer Signature

Date

RSVP Staff Signature

Date

Please mail or fax this form to:

**Heartland RSVP
Heartland1@gmail.com
201 N. Elson Suite 205
Kirksville, MO 63501
Phone: 660.665.8314
Fax: 660.665.8315**