

Appendix B.2 – Sample Enrollment Form



**AmeriCorps
Seniors**

ABC COUNTY RSVP

AMERICORPS SENIORS 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 _____ Cell Phone _____ Email _____

Are you a Veteran? ___ Yes ___ No Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes

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 for travel between home and volunteer site to the volunteers.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes ___ No ___

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes ___ No ___

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by accident, 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 as an AmeriCorps Seniors volunteer in RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Special Skills/Interests/Languages _____

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon___ Tues___ Wed___ Thu___ Fri___ Mornings___Afternoons___

Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness?

I hereby grant ABC County 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 AmeriCorps Seniors RSVP of ABC County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP of ABC County for the use of these photograph(s)/video(s).

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

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 ABC County Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, ABC County, 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 **Xxxx**. I will also keep in effect a valid **Xxxx** Driver's license.

AmeriCorps Seniors Volunteer Signature	Date	Staff Signature	Date

Equal Employment Agency - ABC County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP provides 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 ABC County RSVP at (555) 555-1234.

Return completed registration to: ABC County RSVP
(Original Signatures Required on the Form) PO Box 123
Our Town, USA 81234

For Questions contact:
Jane Doe (555) 555-1234
RSVP.PD@abccounty.gov

FOR OFFICE USE ONLY:

The following information is optional and will not affect your enrollment with ABC County RSVP

- 1. Occasionally ABC County RSVP will purchase volunteer recognition gifts to a AmeriCorps Seniors volunteer. 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 <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
Logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
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 AmeriCorps Seniors RSVP, ABC County government or AmeriCorps Seniors.