# Appendix B.2 – Sample Enrollment Form



**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 | For Questions contact: |
| (**Original Signatures** | PO Box 123 | Jane Doe (555) 555-1234 |
| **Required on the Form)** | Our Town, USA 81234 | 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) |  |

1. **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 ofthe month | Being highlighted in the newsletter |
| Other (Make suggestion)  |

1. **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: (Optional) Race/Ethnic Background:

\_\_\_\_\_\_\_\_ Male \_\_\_White \_\_\_Asian \_\_\_African-American \_\_\_Hispanic/Latino

\_\_\_\_\_\_\_\_ Female \_\_\_ 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.