# Appendix C.2 – Sample AmeriCorps Seniors FGP-SCP Enrollment Form

**FOR OFFICE USE ONLY**

**Station(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assignment(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Computer Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ABC COUNTY FGP/SCP**

**AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM**

Please print and complete all sections. Forms with original signatures are required for enrollment.

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_\_\_\_\_\_

**Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you 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.

Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AmeriCorps Seniors SCP/FGP 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 a AmeriCorps Seniors volunteer, 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, enrolled member of AmeriCorps Seniors FGP/SCP. Please provide the following information.

**Emergency Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beneficiary for AmeriCorps Seniors FGP/SCP Supplemental Accident Insurance**:

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information will help AmeriCorps Seniors FGP/SCP match you with a volunteer opportunity:**

Employment Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Skills/Interests/Languages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Experience (Current, Past, Preferred) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days/Hours Available: Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_
Mornings\_\_\_ Afternoons\_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if AmeriCorps Seniors FGP/SCP may have permission to use your likeness?**

**[ ]** I hereby grant ABC County FGP/SCP 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 FGP/SCP of ABC County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors FGP/SCP 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 FGP/SCP.

**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 FGP/SCP Program. I understand that I am not an employee of the AmeriCorps Seniors FGP/SCP Project, the sponsor, ABC County, the volunteer station or the Federal Government.
* I understand that in my capacity as an AmeriCorps Seniors 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.
* 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 \_\_\_\_\_. I will also keep in effect a valid [State] Driver's license.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AmeriCorps Seniors Volunteer Signature Date Staff Signature Date**

**Equal Employment Agency** - ABC County FGP/SCP is an equal opportunity Agency. Enrollment is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. AmeriCorps Seniors FGP/SCP 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 FGP/SCP at (555) 555-1234.

Return completed registration to: ABC County FGP/SCP For Questions contact:

[**Original Signatures**  PO Box 123 Jane Doe (555) 555-1234

**Required on the Form]** Our Town, USA 12345 FGP/SCP.PD@abccounty.gov

**The following information is optional and will not affect your enrollment with ABC County FGP/SCP.**

**1. Occasionally ABC County FGP/SCP will purchase volunteer recognition gifts to AmeriCorps Seniors volunteers. 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 [ ]  | Gifts [ ]  | Certificates [ ]  |
| ABC FGP/SCP logo wear [ ]  | Being chosen as the volunteer of the month [ ]  | Being highlighted in the newsletter [ ]  |
| Other (Make suggestion)  |  |  |

**3. AmeriCorps Seniors FGP/SCP is often asked to provide demographical information pertaining to volunteer members. 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 the information you have provided. Your information is **never** sold, shared, or used outside of AmeriCorps Seniors FGP/SCP, ABC County government or the AmeriCorps Seniors.