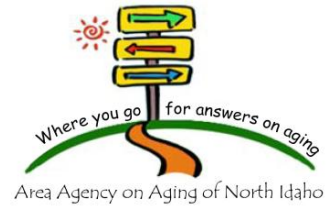




# ENROLLMENT FORM

## Retired and Senior Volunteer Program



TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

ADDRESS: \_\_\_\_\_  
(Street Address or P.O. Box) (City & State) (Zip Code)

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Check here if you are a U.S. Military Veteran GENDER:  MALE  FEMALE

ETHNICITY (mark one):  CAUCASIAN  NATIVE AMERICAN  HISPANIC  AFRICAN AMERICAN  OTHER

Have you ever been convicted of a felony criminal offense?  YES  NO If yes, please explain on separate sheet

Have you been convicted of a misdemeanor criminal offense within the past 10 years, not including minor traffic violations?  YES  NO If yes, please explain on separate sheet

*Please be aware that some RSVP volunteer positions, including those working with law enforcement agencies; or directly with children and/or vulnerable adults, shall require a criminal background & fingerprint check; at no cost to you.*

Are you currently serving as a volunteer?  YES  NO If yes, please explain on separate sheet

Please list your previous occupation(s) \_\_\_\_\_

Please list your favorite interests & preferred volunteer worksite(s) and placement(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your personal strengths that you would bring to RSVP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES: (May include friends, neighbors, coworkers, former employers, etc.)

Name Relationship to you Contact Phone #

Name Relationship to you Contact Phone #

←← SIGNATURE IS REQUIRED ON REVERSE SIDE →→

Quote to remember: "Noah's Ark was built by volunteers; and the Titanic was built by highly skilled paid workers!"

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to you \_\_\_\_\_

*Please double check the information you have entered, to ensure its accuracy. Afterwards, please read and sign your name on the appropriate lines below. After signing, please mail your application to the address listed at the bottom of this form. Thank You!*

I hereby declare that the information provided in this application is true and correct, to the best of my knowledge and recollection. I understand that I am enrolling in the R.S.V.P. Program (Retired & Senior Volunteer Program) sponsored by the Area Agency on Aging of North Idaho/North Idaho College; and agree to furnish information regarding my volunteer activities and hours served as needed for program reporting requirements.

I understand that I will be serving as a volunteer; and not as an employee of R.S.V.P., the Area Agency on Aging of North Idaho, North Idaho College, or the work station(s) where I will be performing my volunteer assignment(s). As a volunteer I understand that I will not receive compensation of any form; and am not entitled to benefits including but not limited to worker’s compensation, unemployment, health coverage, disability, retirement, insurance, vacation, and sick leave.

I understand that if I use my personal vehicle as transportation to and from my volunteer work station(s), I will maintain current automobile liability insurance coverage in an amount not less than that required by the State of Idaho.

I understand that during the course of performing my volunteer duties I may become privy to information that is considered confidential in nature (ie: client names, addresses, social security numbers, income, etc.); and I will not share such information with anyone unless directed to do so by my work station manager/supervisor when deemed necessary to perform my volunteer duties.

\_\_\_\_\_  
**Volunteer Signature** **Date**

**Check one of the following boxes , and sign and date below:**

*I hereby grant permission to R.S.V.P./Area Agency on Aging of North Idaho/NIC to use my likeness in photographs and/or videos to be used in any of its’ program materials or website, intended to promote volunteering opportunities throughout northern Idaho.*

OR:

*I do NOT grant permission for R.S.V.P./Area Agency on Aging of North Idaho/NIC to use my likeness in photos/and/or videos.*

\_\_\_\_\_  
**Volunteer Signature** **Date**

**R.S.V.P. (Retired & Senior Volunteer Program) provides the following insurance coverage FREE OF CHARGE to volunteers who are engaged in travel or activities directly pertaining to their volunteer assignment(s)**

- Excess Accident Medical Coverage
- Excess Automobile Liability Coverage
- Volunteer Accidental Death Coverage
- Excess Volunteer Liability Insurance

**Quote to remember: “Noah’s Ark was built by volunteers; and the Titanic was built by highly skilled paid workers!”**