

RSVP VOLUNTEER REGISTRATION

Welcome to the Retired and Senior Volunteer Program (RSVP)! By completing this form, you will become an active member in a nationally recognized senior volunteer force. Our mission is to find you a great place to volunteer that will meet your needs. RSVP promises to be your advocate, and to provide you with the resources to make your volunteer experience a pleasant one!

PLEASE PRINT

****Note: Signatures required on pages 2, 4 & 5**

First: _____ Mid Initial: _____ Last: _____

Title: Mrs. Ms. Mr. Dr. Other: _____

Today's date: ___/___/___ Birth date: ___/___/___ E-Mail Address: _____

Address: _____ PO Box: _____

City: _____ County: _____ Zip: _____ Township: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Seasonal resident? Yes No

Marital Status: Married Divorced Single Widow(er) Separated

Ethnicity: Caucasian African-American Hispanic Asian/Pacific Islander

American Indian/Eskimo/Aleut

Have you ever been convicted of, or plead no contest to, a felony or a misdemeanor crime? Yes No

Do you have any felony charges pending at this time? Yes No Are you a veteran? Yes No

Will you drive to and from volunteer assignments? Yes No Are you married to a veteran? Yes No

Length of time residing in Michigan: _____ Other States resided _____

Other names used (including previous married names and maiden name): _____

***Please note: If you drive, you are required to follow the laws of the State of Michigan including, but not limited to; carrying car insurance and a legal driver's license. **Volunteers that drive are required to provide copies of their driver's license and current proof of auto insurance for auditing purposes.** Please include copies with this form, or visit our office so that we can photocopy them. Photocopies will be filed securely.**

DESIGNATION OF BENEFICIARY (for RSVP Accident Insurance).

NOTE: This must be someone OTHER than yourself

Name: _____ Relationship: _____ Day Phone: _____

Mailing Address: _____

City/State/Zip: _____

Emergency Contact: Same as above, or:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

(1)

(Over)

Medical conditions to consider for volunteering

Any activity restrictions? _____

Any disability? _____ Any allergies? _____

Do you have specific interests, ability or hobbies? Please explain: _____

What is your goal in volunteering? Please describe: _____

Where did you hear about RSVP? _____

Retired *or* Employed: Full-time Part-time Seasonal

What was your previous occupation? _____

Have you ever been a **RSVP** volunteer before? Yes No

If so, where? _____

Have you ever been a volunteer? Yes No

If so, where? _____

**Highest level of Education/
Degree/Training:**

- 8th Grade or less
- 9th Grade to 11th Grade
- High School
- Trade School
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree

Confidentiality/Background Check agreement:

*I volunteer my services through this RSVP sponsoring agency and understand that I am not an employee of the agency or RSVP. I hereby agree to regard all information learned and received in the performance of my volunteer work as **confidential**. I further agree to respect individual **right to privacy**, as well as those of the family, and/or the agency for whom I am volunteering.*

*I understand that I maintain my active status as an RSVP volunteer through a monthly time report and that I am entitled to receive all available benefits for senior volunteers as provided by the program. I understand that my status as a volunteer will be changed to **INACTIVE** if I do not report at least one hour of volunteer service in a 90-day period.*

I hereby grant the Retired and Senior Volunteer Program permission to check with the appropriate authorities (courts, police and Department of Motor Vehicles), upon matters of record regarding my background and history. Any information obtained will be kept strictly confidential. Volunteer stations may require an additional background check.

Date Verified (RSVP staff use only): _____

Signature of Volunteer

Date

Signature of RSVP Director

Date

(2)

RSVP VOLUNTEER SKILL LISTING

Name: _____

Please check all areas in which you have an interest:

Artistic/Musical

- Artistic Ability (Arts & Crafts)
- Design of Exhibits & Posters
- Calligraphy Writing
- Musical Instruments
- Photography
- Theatrical Performance/Music

Manual Skills

- Handy Person
- Carpentry
- Gardening
- Sewing/Needlework
- Other Manual Skills

Business Skills

- Assistance in Non-Profit Gift Shop
- Consultation
- General Accounting
- General Bookkeeping
- Non-Profit Fundraising
- Other Business Skills
- Public Relations

Public Service Assistance

- Animal Advocacy
- Gardens
- Consumer Information
- Crime Prevention
- Ecology (Watershed/Conservancy)
- Other Public Service Assistance

Communication Skills

- Interviewing
- Public Speaking
- Receptionist
- Telephoning
- Tour Guide
- Other Communication Skills

Service to Individuals

- Friendly Visiting
- Telephone Reassurance
- Meal Preparation Assistance
- Nursing Home Assistance
- Reading to Others
- Shopping Assistance
- Tax Assistance
- Working with Children
- Other Service to Individuals

Education

- Elementary Teaching Assistance
- Exercise/Sports
- Health Education
- Literacy Assistance
- Secondary Teaching Assistance
- Teaching Crafts
- Tutoring

Transportation

- Delivery of Small Items
- Delivery of Meals
- Other Transportation Skills

Writing Skills

- Article Writing
- Letter Writing
- Newsletter Preparation
- Research/Survey Design
- Other Writing Skills

I ONLY WISH TO VOLUNTEER FOR: _____

Our office will not contact you for other assignments if you check this item.

INTERNAL POLICY

*Retired & Senior Volunteer Program of Charlevoix & Emmet Counties
Revised November 2009*

A. Pertaining to volunteer reimbursement:

1. Mileage reimbursement is made available to member volunteers who would otherwise not be able to volunteer due to out of pocket expenses incurred while volunteering.
2. No mileage can be reimbursed to a volunteer if individual does **not** have a supervisor's signature and a check mark on the time sheet, and have said time sheet returned to RSVP no later than the 5th of each month. Exceptions would be at the discretion of the RSVP Director and will be limited to: illness, death of a family member or natural disaster. In the event of an exception, payment will be retroactive one (1) month only.
3. The mileage reimbursement checks cannot be reissued, except in the event of staff error.
4. The mileage reimbursement is \$.30 per mile with a cap of thirty-five (\$35.00) dollars per month. No checks will be issued under the amount of \$5.00; balance will be carried to the following month.

B. Pertaining to volunteer service of non-profit stations:

1. Requests for volunteers will only be accepted by registered non-profit stations, not private individuals.
2. Volunteer telephone numbers are not to be given to station personnel, except where authorized by the volunteer. It is permissible to give addresses to stations. If for any reason a volunteer is unable to fulfill an assignment, the RSVP office and station should be notified. Notification of station may be done via RSVP. In inclement weather, the volunteer should check with the station to be sure that it is open.
3. Volunteers may not take part in any political activity while participating in an activity that is related to RSVP.
4. RSVP volunteers shall not give religious instructions, conduct worship services, or engage in any form of preaching as part of their duties.

Please refer to the RSVP Volunteer Handbook for complete information and restrictions.

I UNDERSTAND AND AM IN AGREEMENT WITH THE INTERNAL POLICIES.

Signature of Volunteer:  _____ Date: _____

RETIRED & SENIOR VOLUNTEER PROGRAM

Of Charlevoix & Emmet Counties

FRIENDSHIP CENTERS OF EMMET COUNTY

Council on Aging

Photo, Video and Audio Consent and Release Form

From time to time photographs, videos and/or audio clips may be taken of RSVP volunteers. RSVP of Charlevoix & Emmet Counties requests the right to use all photos, videos and/or audio clips taken in relation to support group activities. These may be used for promotional brochures, promotions or showcase of programs on our web site, showcase of activities in local newspapers, and other not-for-profit purposes.

By signing this form, I consent to allow RSVP of Charlevoix & Emmet Counties to use photos, videos and/or audio clips that they have of my participation in said programs and activities.

Please choose one of the following options:

- I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regard to photos, videos and/or audio clips in which I may appear. I sign this form freely and without inducement.
- I prefer that photos, videos and/or audio clips in which I may appear NOT be used by RSVP in any format or for any use whatsoever.

Signature:  _____ Date: _____