

# 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: \_\_\_\_\_ Preferred name: \_\_\_\_\_

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: \_\_\_\_\_

**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:**

- 8<sup>th</sup> Grade or less
- 9<sup>th</sup> Grade to 11th Grade
- High School
- Trade School
- Some College
- Associate 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

# 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 5<sup>th</sup> 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 \$ .625 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: \_\_\_\_\_