



Friendship Centers
OF EMMET COUNTY

Remarkable Senior Volunteer Enrollment Form

Welcome to the Friendship Centers' Remarkable Senior Volunteer Program (RSVP) of Emmet County! By completing this enrollment form, you are taking the first step toward joining a dedicated team of volunteers who actively support and enhance our community. Our mission is to connect you with meaningful volunteer opportunities that align with your interests and needs. At RSVP of Emmet County, we are committed to being your advocate, ensuring that you have the resources and support to make your volunteer experience both rewarding and enjoyable.

PLEASE PRINT and complete all sections

First: _____ Mid Initial: _____ Last: _____

Title: ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. ☐ Other: _____ Preferred name: _____

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

Address: _____ PO Box: _____

Mailing Address (if different from above): _____

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/Latino ☐ Asian ☐ Pacific Islander
☐ American Indian/Eskimo/Alaska Native ☐ Other

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 Are you married to a veteran? ☐ Yes ☐ No

Will you drive to and from volunteer assignments? ☐ Yes ☐ No

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

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

Driving and Mileage Reimbursement Agreement

Please note: If you drive, you are required to follow all applicable laws of the State of Michigan, including but not limited to carrying valid car insurance and maintaining a legal driver's license.

Volunteers are required to provide copies of their:

- Driver's License **or**
- State ID.

Volunteers who drive to and from their volunteer assignments must also provide proof of current car insurance. Please include these copies with this form or visit our office so we can photocopy them. All photocopies will be securely filed.

RSVP offers mileage reimbursement for travel between your home and your volunteer site.

Will you be claiming mileage reimbursement for travel to and from your volunteer location?

Yes ____ No ____

DESIGNATION OF BENEFICIARY **for RSVP Supplemental Accident Insurance:**

Name: _____ Relationship: _____ Phone: (____) _____

Mailing Address: _____

City/State/Zip: _____

Emergency Contact: ☐ Same as above, or:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Volunteer Health and Interests Questionnaire

Medical Conditions to Consider for Volunteering

Please list any relevant medical conditions that we should be aware of:

Activity Restrictions:

Are there any specific restrictions or limitations we should consider for your volunteer role?

Disabilities:

Do you have any disabilities that may affect your volunteer activities?

Allergies:

Please list any known allergies:

Interests, Abilities, or Hobbies

Do you have specific interests, skills, or hobbies that could benefit your volunteer work?

Please explain:

Volunteering Goals

What is your goal in volunteering with RSVP?

Please describe:

How Did You Hear About RSVP?

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

What was your previous/current occupation? _____

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 degree
- ☐ Bachelor's degree
- ☐ Graduate Degree

I, the undersigned, hereby affirm that I am 60 years of age or older and offer my services as a volunteer through this RSVP sponsoring agency. I understand that I am not an employee of the agency or RSVP.

I agree to treat all information acquired during the course of my volunteer work as confidential. I commit to respecting the privacy rights of individuals, families, and the agencies I serve through my volunteer efforts.

I understand that to maintain my active status as an RSVP volunteer, I must submit a monthly time report. I acknowledge that failure to report at least one hour of volunteer service within a twelve-month period will result in my status being changed to INACTIVE.

I authorize the Remarkable Senior Volunteer Program (RSVP) to conduct a background check, including verification with courts, police, and the Department of Motor Vehicles, as deemed necessary. I understand that any information gathered will remain confidential and that some volunteer stations may require additional background checks. I acknowledge that my acceptance as an RSVP volunteer is contingent upon the results of these checks.

Signature of Volunteer



Date

Signature of RSVP Director

Date

BACKGROUND CHECK Date Verified (RSVP staff use only):

RSVP Volunteer Skills/Interests/Preferences

Name: _____

Organizations in which I prefer to volunteer are:

_____	_____
_____	_____

Please check all areas in which you have an interest:

Music _____

- ___ Artistic Ability (Arts & Crafts)
- ___ Design of Exhibits & Posters
- ___ Musical Instruments/Theatrical performance
- ___ Photography

Manual Skills _____

- ___ Handy Person
- ___ Gardening
- ___ Sewing/Needlework

Business Skills _____

- ___ Assistance in Non-Profit Gift Shop
- ___ Consultation/Public Relations
- ___ General Bookkeeping/Data entry
- ___ Non-Profit Fundraising

Public Service Assistance _____

- ___ Animal Advocacy
- ___ Gardens
- ___ Consumer Information
- ___ Ecology (Watershed/Conservancy)

Communication Skills _____

- ___ Interviewing
- ___ Public Speaking
- ___ Receptionist
- ___ Tour Guide

Service to Individuals _____

- ___ Friendly Visiting/Reading to others
- ___ Telephone Reassurance
- ___ Meal Preparation Assistance
- ___ Nursing Home Assistance
- ___ Reading to Others
- ___ MAAP Counseling/Coaching
- ___ Tax Assistance
- ___ Working with Children
- ___ Computer/Tech support

Education

- ___ Teaching Assistance
- ___ Exercise/Sports
- ___ Health Education
- ___ Literacy Assistance
- ___ Tutoring/Mentoring

Transportation

- ___ Delivery of Small Items
- ___ Delivery of Meals/Food items

Writing Skills

- ___ Article Writing/Letter Writing
- ___ Newsletter Preparation
- ___ Research/Survey Design

Artistic Skills _____

- ___ Arts/Crafts
- ___ Knitting/Crochet
- ___ Assembling flowers/craft projects

☐ I ONLY WISH TO VOLUNTEER FOR: _____

Internal Policy

Remarkable Senior Volunteer Program

A. Pertaining to volunteer reimbursement:

1. Mileage reimbursement is made available to RSVP 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 \$.725 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 partner stations:

1. Requests for volunteers will only be accepted by registered non-profit stations, not private individuals. A volunteer station is a public agency, secular or faith-based non-profit organization, or proprietary health care organization that accepts the responsibility for assignment and supervision of RSVP volunteers. Each volunteer station must be licensed or otherwise certified, when required, by state or local government. Neither informal groups nor private homes qualify as volunteer stations.
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 station in which they're volunteering 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: _____



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RSVP Volunteer Media Consent Agreement

From time to time, photographs, videos, and/or audio recordings may be captured of RSVP volunteers during program-related activities. RSVP respectfully requests the right to use these photos, videos, and/or audio clips to support and promote its programs. Such materials may be used in brochures, website content, local newspaper features, and other promotional outlets strictly for not-for-profit purposes.

By signing below, I consent to the use of any photographs, videos, or audio clips taken of my participation in RSVP programs and activities. I understand these materials may be used to showcase volunteer work and community engagement.

If I prefer not to be included in any such media, I understand it is my responsibility to inform the photographer at the time.

I acknowledge that I sign this form voluntarily and without any inducement or obligation.

Volunteer Name (Printed): _____

Signature:  _____

Date: _____