RSVP Volunteer Enrollment Form

Name: _____Preferred/Nickname: _____

Address: _____

City/ State: _____ Zip: _____

Phone: _____Email: _____

Preferred Method of Contact: ☐ Phone–Call ☐ Phone-Text ☐ Email

Date of Birth: _____

Physical/Medical Limitations: _____

_____

Employment Experience: _____

_____

Special Skills/Interests/Languages: _____

_____

Volunteer Experience (Past): _____

_____

Volunteer Experience (Current): _____

_____

Preferred Volunteer Opportunity (if known): _____

How did you hear about RSVP? _____

Availability:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Mornings ☐ Afternoons

Please share any information that can help us match you with the best volunteer opportunity.

_____

_____

The following information is optional and will not affect your enrollment with RSVP:

Sex: ☐ Male ☐ Female ☐ Decline to Answer

Race/Ethnicity: _____

Military/Veteran Status: ☐ Active ☐ Veteran ☐ None

Are any of your family members actively serving in the military? ☐ Yes ☐ No

As an AmeriCorps Seniors RSVP Volunteer, you will be covered by accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and provided at no cost to Volunteers who remain actively enrolled as AmeriCorps Seniors RSVP Volunteers. Please provide the following information; Beneficiary for Supplemental Accident Insurance:

Name: _____

Relationship: _____ Phone: _____

Address: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness.

☐ I hereby grant Land of Sky Regional Council's RSVP 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 RSVP of LOSRC in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP of LOSRC for the use of these photograph(s)/video(s).

☐ I do not give permission to use my likeness in photograph(s)/video(s) to LOSRC RSVP.

By signing below, I acknowledge that I have read and understood the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the LOSRC Retired and Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, LOSRC, and the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors RSVP 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 North Carolina. I will also keep in effect a valid driver's license.

Equal Employment Agency -LOSRC is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP 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 RSVP Coordinator at 828-251-7457 or kathryn@landofsky.org

_____

AmeriCorps Seniors Volunteer Signature

_____

Date

Please return completed form to:
Land of Sky Regional Council
RSVP Coordinator
339 New Leicester Hwy., Suite 140,
Asheville, NC 28806
Or by email: kathryn@landofsky.org