

HERKIMER COUNTY RETIRED & SENIOR VOLUNTEER PROGRAM

Enrollment Form



Please print and complete all sections on BOTH sides of this form. Thank you!

Name: _____ Birth Date: _____

Street Address: _____

Mailing Address: _____

Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (optional)-

Sex: _____ Male _____ Female
Race/Ethnic Background: _____ Caucasian _____ Asian _____ African/American _____ Hispanic/Latino
_____ American Indian/Alaska Native _____ Pacific Islander _____ Other

Are you a veteran? ___ Yes ___ No
Are you an active Military Member? ___ Yes ___ No
Are any of your family members actively serving in the military? ___ Yes ___ No

Physical/Medical Limitations: _____

Employment/Volunteer Experience: _____

Skills/Interests/Languages: _____

I learned of RSVP through:
___ a RSVP Volunteer ___ Relative/Friend ___ Other _____

I am currently interested in serving as a volunteer to: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> drive older adults to medical appointments | <input type="checkbox"/> educate and assist Medicare beneficiaries |
| <input type="checkbox"/> provide assistance to older adults | <input type="checkbox"/> work at food pantries |
| <input type="checkbox"/> assist at thrift stores | <input type="checkbox"/> provide companion outreach |
| <input type="checkbox"/> provide clerical assistance | <input type="checkbox"/> serve at congregate meal sites |
| <input type="checkbox"/> other: _____ | |

Please list two references (Please do not list relatives):

1. Name _____ Relationship: _____

Address: _____

Phone #: _____

2. Name _____ Relationship: _____

Address: _____

Phone #: _____

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

If so, please explain: _____

(Note: A conviction does not necessarily bar you from acceptance to this program.)

As an RSVP Volunteer you are covered under CIMA Supplemental Accident Insurance, which applies while you are performing your assignment as a volunteer in the program and while on your way to and from your volunteer site. This coverage is automatic and free of cost to you as long as you are an active enrolled RSVP For this purpose the following information is needed:

Do you have a car? ___ Yes ___ No Do you plan to drive to your volunteer station? ___ Yes ___ No

NYS Driver's License #: _____ Expiration Date: _____

Name of Auto Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____

Designated beneficiary for CIMA Insurance:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Certifications

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

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Herkimer County Retired Senior Volunteer Program. I understand that I am not an employee of RSVP, Catholic Charities of Herkimer County, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity an AmeriCorps Seniors volunteer with RSVP I may come into contact with confidential information. I agree to protect this information and not disclose it during or after my service has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep my vehicle inspected annually and keep liability insurance equal to or greater than the minimum required by the state of NY. I will also keep in effect a valid NYS driver's license.
- I understand that by submitting this application I authorize a criminal records and a child abuse state central registry check, when applicable, to be made concerning my suitability as a volunteer. In addition, the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as a volunteer. All information will be held in confidence. Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of the Retired and Senior Volunteer Program (RSVP) of Catholic Charities. No individual will be rejected on the basis of race, color, religion, national origin, sex, age, marital status or disability.

I hereby attest that all information given in this application is true to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal.

Signature of Volunteer

Date

Signature of RSVP Director

Date

FOR OFFICE USE ONLY

Reference checks completed _____ Date _____

Background checks completed or N/A _____ Date _____

Media Release received _____ Date: _____

Entered into Volunteer Reporter (Initials) _____ Date: _____

Volunteer Assignment _____

Mailed: RSVP Welcome Letter ___ RSVP Handbook ___ CIMA Brochure ___ Date: _____

Please return the signed and completed form to:

Catholic Charities of Herkimer County
Attention: RSVP
61 West Street Ilion, NY 13357

For Questions contact Rae Raffle-Maxson at 315-894-9917 or rmaxson@ccherkimer.org