

**FOR OFFICE USE ONLY!**

Station(s) _____

Assignments _____

Date Assigned ____/____/____

Computer Entry ____/____/____

KI BOIS RSVP Volunteer Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth date _____

Mailing or Street Address _____ City, Zip _____

Phone _____ Email address: _____

Ethnic group: ☐ Caucasian ☐ African-American ☐ Hispanic
☐ Asian, Pacific Islander ☐ Native American/Alaskan Native ☐ Other

Are you a Veteran? ____ Yes ____ No Physical/Medical Limitations _____

Have you ever been convicted of a criminal offense or misdemeanor? ____ Yes ____ No **If yes**, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's license # _____ State _____ Exp. Date _____

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? ____ Yes ____ No

If yes, a copy of your proof of auto insurance showing active coverage attached? ____ Yes ____ No

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience _____

Preferred volunteer assignments _____ Hours available to work per week _____

Would you like to be included on our Special On-Call List? ☐ Yes ☐ No

SPECIAL ON-CALL LIST – This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. We will call volunteers on our list when we receive requests for assistance from the non-profits.

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 KI BOIS RSVP Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Program, the sponsor, KI BOIS RSVP, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an 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. I will also keep in effect a valid Driver's license.

Equal Employment Agency – KI BOIS RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. 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 KI BOIS RSVP at (918) 967-9992.

Signature of Volunteer

Date

Signature of RSVP Staff

Date