

VOLUNTEER APPLICATION

Last Name _____ First _____

Address _____
Street City State Zip

Telephone _____ Date of Birth _____
(must be 55 or older)

Cell Phone _____ E-Mail Address _____

Ethnicity: African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other ___

Veteran of Armed Services? _____ yes _____ no

Work Experience: _____

Education/Skills: _____

Volunteer Experience: _____

Health Restrictions: _____

Emergency Contact: Name: _____ Telephone: _____

Address: _____ Relationship: _____

Please Note: RSVP provides supplemental accident, general liability, excess auto insurance and an accidental death benefit of \$2500 to registered RSVP volunteers while on volunteer assignment. Please designate a beneficiary:

Name of Beneficiary: _____ Telephone: _____

- I understand that when I use my personal automobile to travel to my volunteer service, I will maintain automobile liability insurance equal to the minimum required by the State of New York.
- Please Note: Some volunteer assignments may require a criminal and/or motor vehicle background check. You will be advised if a background check is required for your volunteer assignment. No background screenings will be conducted without your permission.
- I hereby volunteer my services through RSVP of Madison County. I certify that the information I have provided is accurate and complete to the best of my knowledge. **I understand that all information contained in this application is confidential and will not be released by RSVP to a third party except as necessary to coordinate RSVP volunteer activity. I agree to abide by RSVP's Volunteer Agreement.**

Volunteer Signature: _____ **Date:** _____

I would like to volunteer at: _____

AREAS OF VOLUNTEER INTEREST

<p>Adult Education <input type="checkbox"/> Adult Literacy Tutor <input type="checkbox"/> Adult Education Workshop Leader <input type="checkbox"/> Computer Skills</p> <p>Agriculture / Environment <input type="checkbox"/> Community Gardens <input type="checkbox"/> Recycling <input type="checkbox"/> Trail Maintenance <input type="checkbox"/> Weather Reporters</p> <p>Arts/Culture <input type="checkbox"/> Arts/crafts <input type="checkbox"/> Historian/genealogy <input type="checkbox"/> Museums <input type="checkbox"/> Libraries <input type="checkbox"/> Entertainment</p> <p>Health <input type="checkbox"/> Ambulance Crew/Dispatcher <input type="checkbox"/> Escort Driver to Medical Appointments <input type="checkbox"/> Fitness-Osteo Exercise <input type="checkbox"/> Bloodmobile <input type="checkbox"/> Hospitals/Nursing Homes <input type="checkbox"/> Ombudsman/Resident Advocate <input type="checkbox"/> Chenango Water Exercise Program (CWEG)</p> <p>OTHER SKILLS: _____</p>	<p>Work with Youth <input type="checkbox"/> Mentoring <input type="checkbox"/> After-school Program Aide <input type="checkbox"/> 4H Judge, Summer Reading Program <input type="checkbox"/> Head Start/ Early childhood <input type="checkbox"/> Tutoring / Literacy</p> <p>Community Needs <input type="checkbox"/> Thrift stores <input type="checkbox"/> Food Pantries <input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Driving Instructors for 55+ <input type="checkbox"/> SNACK/Congregate Meals <input type="checkbox"/> Telephone Reassurance <input type="checkbox"/> Income Tax Assistance <input type="checkbox"/> Victims of Violence hotline</p> <p>Other Volunteer Needs <input type="checkbox"/> Accounting <input type="checkbox"/> Grant writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Office skills <input type="checkbox"/> Photography <input type="checkbox"/> Presentations/public speaking <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Interpreter for _____</p>
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ON CALL LIST: *This is a list we refer to when local non-profits are looking for short- term or one-time assistance with special events. We will call volunteers on this list when we receive these special requests for assistance. May we contact you to see if you are available to help on a one-time or short-term basis?*

| yes | no

_____ I permit _____ I do not permit RSVP to use my photograph for promotional purposes.



RSVP Office Use Only → Station Assignment: _____ Date Welcome Package Sent: _____

RSVP Staff Signature: _____ Application Updated October 2010

RSVP of Madison County Volunteer Agreement

- Preserve the confidentiality of information about program participants and RSVP internal affairs.
- Fulfill assigned volunteer duties, including completion of required RSVP records or reports, and submit mileage and expenses for reimbursement within three months of date of service.
- Work cooperatively and accept supervision and support from Station Representatives and RSVP staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all staff, other volunteers and all individuals who participate in RSVP programs recognizing that people's values, beliefs, customs, and strengths differ.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, illegal drugs or inappropriate language while on duty as an RSVP volunteer.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to Station Leader or RSVP staff as soon as possible.