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SERVING
 SLO & NSBC
 COUNTIES

AmeriCorps Seniors (RSVP) Volunteer Enrollment Form

LAST NAME		FIRST NAME		MI	TELEPHONE NO.
STREET ADDRESS		CITY		STATE	ZIP
*DATE OF BIRTH	IN EMERGENCY NOTIFY		RELATIONSHIP	TELEPHONE NO.	
E-MAIL ADDRESS:			FAX NUMBER:		
CELL PHONE NUMBER		WORK PHONE NUMBER		EXT:	

* Date of birth is NOT optional – it is needed for the RSVP enrollment process.

Employment Experience:

Computer skills/Languages/Training/ Special Skills or Licenses

Current Volunteer Service:

Volunteer Job Preference/Preferred Agency:

Are you a Veteran? Yes No (Please circle) **Active Military Member?** Yes No (Please circle)

Physical/Medical Limitations/Disability?

Would you like to receive communication via your e-mail? Yes No (Please circle)
 (Tri-annual newsletter, welcome letter, Monday e-blast to keep you up-to-date on latest volunteer opportunities, etc.)

(Optional) Gender: Male Female Other (Please circle)

(Optional) Race/Ethnic Background:

White Asian African-American Hispanic/Latin Pacific Islander Pacific Islander
 American Indian/Alaska Native Other (Please circle all that apply)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

The following information is required for RSVP insurance coverage

DESIGNATION OF BENEFICIARY
(RSVP Accident Insurance)

NAME RELATIONSHIP ADDRESS

[Empty box for beneficiary information]

LICENSE AND AUTOMOBILE INSURANCE

DRIVER'S LICENSE NUMBER AUTO INSURANCE CO. POLICY No. EXPIRATION DATE

[Empty box for license and insurance information]

MUTUAL UNDERSTANDING

A. I _____ volunteer my services through The Retired & Senior
(Please Print Your Name)

Volunteer Program (RSVP) of the Central Coast, and I understand that I am not an employee of RSVP or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California. Please make sure you have provided your driver's license number and Insurance information.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided to me as an enrolled volunteer in the RSVP program. Reporting of my hours may be done on a workstation roster or on a completed monthly report "Volunteer Timesheet" form and mailed, e-mailed, telephoned or Faxed to the RSVP office. If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.

NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to RSVP by the 10th of each month for the preceding month. Station coordinator signature is required on log sheet in order to qualify for reimbursement.

**I understand that if I receive mileage reimbursement at my assigned station from Federal Funds, I will not be eligible for any from RSVP.

If no reimbursement is requested the mileage can be donated to Senior Volunteer Services as an in-kind donation, and based on individual tax situations, may qualify for a deduction.

I understand and agree with the above statements: _____
Volunteer Signature Date

Referred by: _____

Please send signed & completed enrollment form to Linda Loeb at: linda@srvolunteer.org or fax to 805.544.9146

FOR RSVP USE ONLY:

Workstation (s) Assigned: _____ Date Assigned: _____

Signature of AmeriCorps Seniors Manager DATE

Signature of Senior Volunteer Services Director DATE