



AmeriCorps
Seniors

NCO Volunteer Network's RSVP Program

Sponsored by North Coast Opportunities Inc,

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RSVP SITE VOLUNTEER ENROLLMENT FORM

Thank you for your interest in NCO Volunteer Network's Retired Senior Volunteer Program. To enroll, please complete both sides of this form, sign the reverse where indicated and return the form to the RSVP office at the address shown above. *Note: All information provided is maintained by RSVP as CONFIDENTIAL.*

PLEASE PRINT:

Last Name:		First Name:		Date:
Phone No:		Email:		
Address:		Apt:	City:	ZIP:
Date of Birth (required):		Physical Limitations: <input type="checkbox"/> None <input type="checkbox"/> Yes:		

Sex

- Female
- Male

Pronouns

- She/Her
- He/Him
- They/Them

Military

- Military Veteran
- Military Veteran Spouse
- Military Veteran Family

Disability

- Yes
- No

Ethnicity

- African American
- Asian
- Hispanic
- Native American
- Caucasian
- Other: _____

T-Shirt/Sweatshirt Size: X-Small Small Medium Large X-Large XXL 3XL 4XL

Source of Referral (please include name if possible)

- Agency Staff: _____
- Friend
- Newspaper: _____
- RSVP Brochure
- RSVP Staff Presentation
- RSVP Member: _____
- VolunteerMatch.com
- volunteernco.org
- AARP: Create the Good
- Other Website: _____

Volunteer Skills and Interests

- Accounting/Bookkeeping
- Adult Education/Tutor
- Adult Services Advocate
- Care Provider
- Child Education/Tutor
- Child Services Advocate
- Computer
- Counseling
- Disaster/Public Safety
- Environment
- Food Bank
- Friendly Visits
- Gift/Thrift Shop
- Homeless Services
- Hospice Care
- Instructor or Assistant
- Information & Referral
- Languages Spoken: _____
- Maintenance (General)
- Mentor (Child/Youth)
- Money Management
- Office Assistant
- Public Relations/Outreach
- Reading Aloud
- Receptionist
- Recreation
- Senior Meal Program
- Shopping/Deliveries
- Transportation/Driver
- Volunteer Coordinator
- Other: _____

RSVP Staff Use Only	<input type="checkbox"/> RSVP Volunteer Handbook	Official Start Date:	1 st Deactivation Date:
	<input type="checkbox"/> Placement at Station: _____	2 nd Reactivation Date:	2 nd Deactivation Date:
	<input type="checkbox"/> Position Description	3 rd Reactivation Date:	3 rd Deactivation Date:

RSVP MEMBER INSURANCE ENROLLMENT BENEFIT

Must be completed by all RSVP Members

I volunteer my services through NCO Volunteer Network's RSVP Program. In enrolling for membership, it is understood that I am NOT an employee of North Coast Opportunities or of RSVP. It is further understood that as an RSVP member, I will be covered by Excess Accident Medical Insurance to a maximum of \$50,000 and Excess Volunteer Liability Insurance to a maximum of \$1,000,000 while performing my volunteer activities. It is further understood that this policy applies only after the limits of my own insurance have been exhausted.

Volunteer Signature (required):

Date:

Affirmation of Insurance Coverage

RSVP members who indicate that they drive for their volunteer position **must sign below.**

I affirm that I possess a valid CA Driver's License and carry valid automobile Insurance coverage equal to the minimum limits required by the State of California.

It is understood that RSVP carries Excess Automobile Liability Insurance with a minimum of \$500,000 combined single limit bodily injury/property damage for each accident. It is further understood that RSVP policy applies only:

1. After the limits of my own insurance have been exhausted;
2. To claims arising out of related volunteer activities.

Volunteer Signature (required):

Date:

The person designated below is my beneficiary for insurance purposes:

First Name:

Last name:

Relationship:

Address:

Phone No:

Email:

Emergency Contact

First Name:

Last name:

Relationship:

Address:

Phone No:

Email:

Testament of Truthfulness

I certify that the information that I have provided on this application is true and complete to the best of my knowledge and attest under penalty to the accuracy of the information provided. I agree that any statements or omissions of the material facts herein may cause forfeiture on my part of all rights to participate in the NCO Volunteer Network's RSVP Program.

Volunteer Signature (required):

Date: