



**AmeriCorps  
Seniors**

**NCO Volunteer Network's RSVP Program**  
Sponsored by North Coast Opportunities Inc, 975  
Corporate Center Parkway, Suite 160,  
Santa Rosa, CA 95531  
Phone: 707-620-5063  
Email: kyoung@ncoinc.org  
www.volunteernco.org

## 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)**

- |  |  |
|--|--|
| <input type="checkbox"/> Agency Staff: _____     | <input type="checkbox"/> RSVP Member: _____    |
| <input type="checkbox"/> Friend                  | <input type="checkbox"/> VolunteerMatch.com    |
| <input type="checkbox"/> Newspaper: _____        | <input type="checkbox"/> volunteernco.org      |
| <input type="checkbox"/> RSVP Brochure           | <input type="checkbox"/> AARP: Create the Good |
| <input type="checkbox"/> RSVP Staff Presentation | <input type="checkbox"/> Other Website: _____  |

**Volunteer Skills and Interests**

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

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