



**AmeriCorps
Seniors**

NCO Volunteer Network's RSVP Program

Sponsored by North Coast Opportunities Inc,

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**RSVP SITE
CARING KITCHEN 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.

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:		

<u>Sex</u>	<u>Pronouns</u>	<u>Military</u>	<u>Disability</u>	<u>Ethnicity</u>
<input type="checkbox"/> Female	<input type="checkbox"/> She/Her	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> African American
<input type="checkbox"/> Male	<input type="checkbox"/> He/Him	<input type="checkbox"/> Military Veteran Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Native American
	<input type="checkbox"/> They/Them	<input type="checkbox"/> Military Veteran Family		<input type="checkbox"/> Asian
				<input type="checkbox"/> Caucasian
				<input type="checkbox"/> Hispanic
				<input type="checkbox"/> 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		

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:

