



Senior Corps RSVP of Lehigh, Northampton & Carbon Counties

321 Wyandotte Street Bethlehem PA 18015

RSVP Volunteer Enrollment Form

rev 4/1/17

Please print.

First Name _____ MI _____ Last Name _____

Street _____ Apt or P.O.# _____

City _____ State PA Zip Code _____

Your County Lehigh Northampton Carbon other _____

Phone # _____ Cell Phone # _____

Your E-mail _____

Date of Birth _____ Are you a veteran? Yes No

Do you have a physical or medical condition that may limit your volunteer work? Yes No

If YES, please specify _____

I prefer to volunteer in my county within ___ miles of my home wherever needed

What group do you prefer to work with? seniors young students no preference

May we call on you for special events or short-term projects? Yes No

Do you currently volunteer? Yes No

If YES, where? _____

RSVP FREE Supplemental Volunteer Liability and Accident Medical Coverage

As a member of Senior Corps RSVP you are covered by excess accident medical coverage plus volunteer and automobile liability insurance while performing volunteer duties. This coverage is provided at NO COST to you and remains in effect as long as you are an active RSVP member.

Since this insurance includes accidental death coverage you need to designate a beneficiary.

Beneficiary Name _____ Relationship _____

Address _____ Phone _____

Emergency contact (if different from Beneficiary) _____ Daytime Phone _____

Statements of Agreement. Please read and initial each statement.

Then please sign and date this form

_____ **Use of Automobile in Volunteer Service.**

I understand that if I use my personal automobile to and from my volunteer site, I will maintain automobile liability insurance equal to, or greater than, the minimum required by the Commonwealth of Pennsylvania. I will also keep in effect a valid Pennsylvania Drivers License.

_____ **Confidentiality Statement**

I understand in my capacity as an RSVP volunteer I may come into contact with confidential information about persons I serve. I agree to refrain from any and all unauthorized disclosure of such confidential information.

_____ **Photography Waiver**

I grant permission to RSVP of Lehigh, Northampton and Carbon Counties to use my likeness if at any time during my volunteer duties my picture, either alone or as part of a group, is taken for public relations or promotional materials or reasons

_____ **Volunteer Clearances Agreement**

I understand that RSVP may, at their expense, need to perform confidential background or driver history checks on registered members. Should my assignment(s) require a criminal background or driver history check I would give my permission for such checks to occur.

Your Signature

Today's Date

Staff Signature

Today's Date

*RSVP is often asked to provide demographic information to the Corporation for National and Community Service (CNCS) pertaining to volunteer members. It would be helpful if you would provide the following **OPTIONAL** information.*

Gender: Male Female

Ethnicity: Hispanic Non-Hispanic

Race: American Indian/Alaska Native Black or African American Asian Hawaiian/Pacific Islander
White Other

*Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP & CNCS*

For Office Use Only

Placement(s): _____

