



RSVP



Retired and Senior Volunteer Program Volunteer Registration Form

**AmeriCorps
Seniors**

Name: _____ Birth Date: ____/____/____

Address: _____ 2nd Address: _____

City: _____ State: _____ Zip: _____ - _____

County: _____ Township: _____ Home Phone: _____ - _____ - _____

Cell: _____ - _____ - _____ Work: _____ - _____ - _____ E-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____ - _____ - _____

Race: African-American Asian Hispanic Native American White Other _____

Gender: Male Female Other Do you identify as a member of the LGBTQ+ community? Y N Unsure

Are you a veteran? Y N Current community volunteer? Where? _____

Household Income: \$25,000 - \$39,999 \$40,000 - \$59,999 \$60,000 - \$99,999 \$100,000+

Housing: Own home w/ mortgage Own home no mortgage Rent Live w/ Others

Preferred communication method: E-Mail Phone Mail On Social Media? Y N

SWIC-RSVP has permission to use your likeness in photographs / videos: Y N

Previous occupation: _____

Previous volunteer experience: _____

Special interests, hobbies, activities: _____

What draws you to volunteer?

- To feel I helped someone
- To learn and do something new and different
- To help my community be a better place
- To have a feeling of self-satisfaction
- To make friends
- To be more active and have better health
- Other

What form of recognition means the most to you?

- Thank you note
- Acknowledgement in a newsletter spotlight
- RSVP/SWIC/AmeriCorps Seniors branded apparel M L XL 2XL
- Gift Card
- Luncheon
- No preference

Is there any additional information you'd like to share with RSVP? _____

_____ OVER

As an AmeriCorps Seniors RSVP volunteer, you are automatically enrolled in Excess Accident Medical Coverage (which includes Accidental Death & Dismemberment coverage), Excess Volunteer Liability Insurance, and Excess Automobile Liability Insurance while performing volunteer duties. This coverage is provided at no cost to active AmeriCorps Seniors RSVP volunteers. This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage. In the event of Accidental Death, please provide the following beneficiary information:

Beneficiary Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____

(If no beneficiary is named, please write "DECLINED".)

By signing below, I acknowledge that I have read and understand the following statements:

- I am at least 55 years of age and offer my services as a volunteer and agree to serve without compensation.
- If using my personal automobile in my volunteer service, I agree to keep in effect automobile liability insurance equal to or greater than the minimum requirement of the State of Illinois. I also agree to keep in effect a valid driver license.

Volunteer Signature

Date

Mail: RSVP @ Programs and Services for Older Persons (PSOP)
201 N. Church St.
Belleville, IL 62220
(618) 234-4410 ext 7012

Email: RSVP@SWIC.edu

DO NOT WRITE IN THIS SECTION – RSVP OFFICE USE ONLY

Date Started: _____ V- _____

Timesheet Destination: Home Station Other: _____

Job #: J- _____ Job Prefix _____ Job Name _____

RSVP Staff Signature: _____