



Volunteer Center of the Redwoods & RSVP

Programs of the Area 1 Agency on Aging

Volunteer Application



CONTACT INFORMATION

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Last Name		
First Name		
Mailing Address		
City/ST/ZIP		
Phone (s)	Land:	Cell:
E-Mail Address		
Demographic (optional)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Caucasian	
Birthdate	_____ / _____ / _____	
OTHER		
How did you hear about the Volunteer Center & RSVP?	<input type="checkbox"/> Telephone book <input type="checkbox"/> Newspaper <input type="checkbox"/> Workplace/Volunteer Site <input type="checkbox"/> Brochure <input type="checkbox"/> Radio/TV <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/> Presentation <input type="checkbox"/> Special event <input type="checkbox"/> Website (please list): _____ <input type="checkbox"/> Another RSVP volunteer * <input type="checkbox"/> Friend * _____	
	* Name of person who referred you: _____	
Are you currently volunteering?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list agency name(s): _____ _____ _____	
Do you wish to receive our newsletter, <i>Volunteer Voices (six per year)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we add your name to a list of volunteers willing to be contacted for Disaster Response purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE SIGN OTHER SIDE 

AGREEMENT AND SIGNATURE

I give my permission to the Volunteer Center to release my address and phone number and any other pertinent information to applicable organizations. This information will not be used for commercial purposes. I understand that completing this application does not guarantee me a volunteer position or placement with an organization.

Volunteer Signature

Date

FOR VOLUNTEERS 55 years and older ONLY

You are eligible for additional benefits if you enroll in the RSVP program. Please complete the following if you choose to enroll as an RSVP volunteer.

INSURANCE

RSVP provides excess automobile liability, accident, and personal liability insurance going to and from the volunteer site and while volunteering, at no cost to the RSVP member. See brochure for details. Included in the policy is a survivor clause in the amount of \$2,500, in the event that an accident during your volunteer service results in your death. Please designate a beneficiary below.

Beneficiary's name _____

Relationship _____ Telephone _____

Address _____

MILEAGE REIMBURSEMENT

RSVP also provides limited travel reimbursement to and from your volunteer job site at 22 cents per mile up to \$25 maximum per month. Bus and Dial-a-Ride tickets may also be reimbursed UP TO \$25 maximum per month. You will receive your reimbursement when expenses reach or exceed \$10. To be eligible to receive travel reimbursement, you must submit an RSVP timesheet signed by you and your supervisor. Timesheets are due by the 5th of the month for volunteer hours completed in the previous month.

Thank you for completing this application form and for your interest in volunteering!

FOR OFFICIAL USE ONLY

Recruit date:

Recruiter:

Volunteer Type: ___ RSVP ___ VCOR

Assigned VC:

Signature of Program Manager

Date

www.a1aa.org/vcor

In Humboldt County: 3300 Glenwood St., Eureka CA 95501•Tel: (707)442-3711•Fax: (707)442-3714•Email:volunteer@a1aa.org

In Del Norte County: 550 E. Washington Blvd., Ste. 200 Crescent City CA 95531•Tel: (707)464-7876•Fax: (707)464-7877•Email:dnrsvp@a1aa.org

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