



# RSVP Application

## PERSONAL INFORMATION

<b>Name</b>			
<b>Address</b>			
<b>City/State/Zip</b>		<b>Phone:</b>	
<b>Email</b>		<b>Program of interest:</b>	
<b>Required Data*</b>	In order to comply with federal requirements, we need your date of birth, your cultural identity, your gender, and participation in past or current military service.		
<b>Demographic</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
<b>Birthdate</b>	____ / ____ / ____	<b>Gender:</b> F - <input type="checkbox"/> M - <input type="checkbox"/>	<b>Military Service</b> Yes - <input type="checkbox"/> No - <input type="checkbox"/>

## INSURANCE

RSVP provides volunteers excess automobile liability when driving their own vehicle, accident, and personal liability insurance going to and from the volunteer site and while volunteering, at no cost to the RSVP member. Included in the policy is a survivor clause in the amount of \$2,500. Please designate a beneficiary below.

Beneficiary's name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

## MILEAGE REIMBURSEMENT and REPORTING VOLUNTEER HOURS

RSVP provides limited travel reimbursement to volunteers who are low-income, who drive long-distances, or help out in special circumstances. The base rate to and from the volunteer site is 25 cents per mile up to \$25 maximum per month\*. Eligibility for reimbursement is determined by the RSVP Project Director on a case-by-case basis. You will receive reimbursement when expenses reach or exceed \$10. To receive travel reimbursement, you must submit an RSVP timesheet signed by you and your volunteer manager. Volunteers who use their own vehicle to perform the volunteer activity may be eligible for additional travel reimbursement.

\*See Volunteer Driver Handbook for special reimbursement limit.

## AGREEMENT AND SIGNATURE

**Photo Release:** By initialing here \_\_\_\_\_, I give my permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for the Area 1 Agency on Aging, Volunteer Center of the Redwoods, and their associated programs.

My signature on this application confirms that all the above information is true.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## FOR OFFICIAL USE ONLY

Staff Signature:

Recruit Date: