

RSVP of Stanislaus County

Sponsored by DMC Foundation
730 McHenry Ave., Modesto, CA 95350
Phone: (209) 527-3412 ♦ FAX 527-1512



RSVP VOLUNTEER MEMBER ENROLLMENT FORM

(ELIGIBILITY 55 YEARS OLD OR OLDER)

Thank you for your interest in RSVP of Stanislaus County. To enroll, please complete **both sides of this form**, sign the reverse where indicated and return the form to the RSVP office at the address shown above. *Note: All information provided is maintained by RSVP as CONFIDENTIAL.*

PLEASE PRINT:

Last Name: _____ First Name: _____ Date: _____

Phone No.: _____ Email: _____

Address: _____ Apt: _____ City: _____ Zip Code: _____

Date of Birth (required): _____ Physical Limitations (if any): _____

Gender

- Female
- Male

Ethnic Group

- Non Hispanic/Latino
- Yes, Hispanic/Latino

Racial Group

- Asian
- African American
- Caucasian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

Transportation to Work Site

- I Drive Myself
- Public Transit
- Walk

Source of Referral (please include name if possible)

- Friend
- Newspaper/Radio/Television: _____
- RSVP Brochure
- RSVP Staff
- RSVP Volunteer Member: _____
- Web Site: _____
- Other: _____

Volunteer Skills and Interests

- Adult Education/Tutor
- Adult Supportive Services/Advocate
- Animal Care
- Arts & Crafts
- Clerical (General)
- Computer
- Counseling
- Entertainment
- Friendly Visits/Companions
- Gardening/Grounds Maintenance
- Information & Referral
- Languages(Non-English) _____
- Letter Writing
- Maintenance (General)
- Office Assistant
- Public Relations/Outreach
- Reading Aloud
- Recreation/Exercise
- Shopping/Delivery
- Transportation/Driver
- Volunteer Coordinator
- Recruit Volunteers
- Other: _____

Preferred volunteer assignments

- Volunteer Driver Program
- Senior Peer Support

(Form continued on reverse)

RSVP Staff Use Only	Volunteer No. V-	<input type="checkbox"/> New Member Packet	<input type="checkbox"/> Placement at Station/Job: _____	Official Start Date:	1 st Termination Date:
		<input type="checkbox"/> Orientation Flyer	<input type="checkbox"/> Time Sheet Included for Mo. of _____	2 nd Start Date:	2 nd Termination Date:
				3 rd Start Date:	3 rd Termination Date:

RSVP MEMBER INSURANCE ENROLLMENT BENEFIT
Must be completed by all RSVP Members

Beneficiary Contact Information

I volunteer my services through RSVP of Stanislaus Counties. In enrolling for membership, it is understood that I am NOT an employee of DMC Foundation 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 and while traveling between my home and my work site.

It is further understood that this policy applies only after the limits of my own insurance have been exhausted.

The person designated below is my beneficiary for insurance purposes:

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Volunteer Signature (required): _____ Date: _____

Affirmation of Insurance Coverage

RSVP members who indicate that they drive to and from their volunteer worksite **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 including driving directly between the volunteer's residence and volunteer work site.

Volunteer Signature: _____ Date: _____

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Phone No.: _____

Address: _____ Apt.: _____ City: _____ Zip Code: _____

Relationship: _____

Current Volunteer Service Activity

If actively volunteering at this time, please note the agency(s) and the volunteer position(s) below:

Agency: _____ Position: _____

Agency: _____ Position: _____

Agency: _____ Position: _____