



**AmeriCorps  
Seniors**

**FOR OFFICE USE ONLY!**

Station(s) _____
Assignment(s) _____
Date Assigned: ___/___/___
Computer Entry: ___/___/___
By: _____

WESTBAY COMMUNITY ACTION RSVP

AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a Veteran? \_\_\_ Yes \_\_\_ No Gender: \_\_\_\_\_ Physical/Medical Limitations: \_\_\_\_\_

Have you ever been convicted of a criminal offense or misdemeanor? Yes No

If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

AmeriCorps Seniors RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes \_\_\_ No \_\_\_

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes \_\_\_ No \_\_\_

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled as an AmeriCorps Seniors volunteer in RSVP. Please provide the following information.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Experience \_\_\_\_\_

Special Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience (Current, Past, Preferred) \_\_\_\_\_

Days/Hours Available: Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_ Mornings\_\_\_Afternoons\_\_\_

**Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness?**

[ ] I hereby grant Westbay RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors Westbay RSVP in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors Westbay RSVP for the use of these photograph(s)/video(s).

[ ] I do not give permission to use my likeness in photograph(s)/video(s) to ABC County RSVP.

**Certifications**

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

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Westbay Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Westbay CAP, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Rhode Island. I will also keep in effect a valid Driver's license.

\_\_\_\_\_  
**AmeriCorps Seniors Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

**Equal Employment Agency** - Westbay RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact RSVP at (401) 921-4009.

Return completed registration to: Westbay RSVP  
**(Original Signatures Required on the Form)** 487 Jefferson Blvd.  
Warwick, RI 02886

For Questions contact:  
Jill Christian (401) 921-1249  
jchristian@westbaycap.org

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The following information is optional:

1. Occasionally Westbay RSVP will purchase volunteer recognition gifts for AmeriCorps Seniors volunteers. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
T-shirt		Vest		Hat	

2. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
Logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

3. AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).

Are you an active Military Member? \_\_\_\_\_

Are any of your family members actively serving in the military? \_\_\_\_\_

(Optional) Race/Ethnic Background:

\_\_\_ White \_\_\_ Asian \_\_\_ African-American \_\_\_ Hispanic/Latino \_\_\_ American Indian/Alaska Native \_\_\_ Pacific Islander

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of AmeriCorps Seniors RSVP, ABC County government or AmeriCorps Seniors.