

Enrollment Form



Westbay Community Action - RSVP

AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM

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

Name:					Birt	th Date:		
					_City:		Zip:	
Phone: Cell Pho			ll Phone:		Em	ail:		
Emergency Cor	ntact:			Phone:				
Physical/Medic								
-							Ves No	
-	re you a Veteran? Yes No Are you or a family member active Military? Yes No Optional) Race/Ethnic Background: □White □Asian □Black/African-American □Pacific Islander □ Other							
, ,							tander 🗆 Other	
		an explanation o					a separate sheet to be	
T-Shirt Size:	□Large	\square XL	□ 2X	□ 3X		Other:		
Volunteer Exp	erience (C	urrent, Past, F	Preferred):					
Days/Hours	Mon	Tues	Wed	Thu	Fri	Sat	Morning:	
Available:							Afternoon:	
Beneficiary for	AmeriCor	ps Senior RSVI	P Supplemer	ntal Accident	Insurance:			
Name:					Relationsh	ip:		
	Phone:							
For Office Use	Only:							
☐ Computer E	-							
Stations(s):	,							

Driver's License	#	State:	Expiration Date:
volunteers. Will y	ors RSVP provides a mileage re rou be claiming mileage reimbur vide current proof of auto insu	sement? Yes	
As an AmeriCorps	s Seniors volunteer in RSVP, yo ance plus a small death benefi o you as long as you are an acti	u will be covered b t while performing	by accident, persona liability, and excess g volunteer duties. This coverage is automatic AmeriCorps Seniors volunteer in RSVP. Please
Please indicate if <i>I</i>	AmeriCorps Senior RSVP may	/ have permissior	n to use your likeness?
photographs, video is not limited to, pu now known or later waive any right to in	recordings, and written or spo blications, websites, social me developed. This permission is	oken statements— edia, flyers, and pr granted in perpeto of the materials a	ors permission to use my likeness—including for use in all forms of media. This includes, but omotional or informational materials, whether uity and without expectation of compensation and make no monetary or other claims against
☐ I do not give perr	mission to use to use my likene	ess	
By signing below, I	acknowledge that I have rea	d and understand	d the following statements:
Community AmeriCorps Federal Gov I understand information my service a I understand automobile	Action Retired Senior Volunte s Senior RSVP project, the spor vernment and agree to serve wi d that in my capacity as an Am a. I agree to protect this informa as a volunteer has ended. d that if I use my personal auto	er Program (RSVP nsor, Westbay Cor ithout compensat eriCorps Senior V ation to the best of emobile in my volu eater to the minim	services as a volunteer for Westbay). I understand that I am not an employee of the mmunity Action, the volunteer station or the ion. olunteer in RSVP I may encounter confidential f my ability and not to disclose it during or after inteer services, I will arrange to maintain um requirements of the state of Rhode Island.
AmeriCorps Seniors	: Volunteer Signature	 Date	_
Faual Employment	Agency - Westhay Community	v Action RSVP is a	n equal opportunity agency. Enrollment is

Equal Employment Agency - Westbay Community Action RSVP is an equal opportunity agency. Enrollment is offered 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 accommodations information or if you need special accommodations to complete the application process, please contact Westbay RSVP at (401) 921-1249.

Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP or Westbay Community Action.

Return completed Enrollment Form to Westbay Community Action RSVP at 487 Jefferson BLVD Warwick RI 02886. For Questions call 401-921-1249.