

SOUTHEAST SOUTH DAKOTA'S RSVP VOLUNTEER ENROLLMENT FORM



NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

DATE OF BIRTH (REQUIRED): _____ *MUST BE 55 YEARS OLD TO BE AN RSVP VOLUNTEER*

Are you a Veteran?: YES NO **Are you a Family Member of a Vet?:** YES NO

Current Member Armed Forces?: YES NO **Family Member Currently Serving in the Armed Forces?:** YES NO

Will you drive to/from your volunteer activities? YES NO *IF NO, SKIP RSVP VOLUNTEER DRIVER STATEMENT.*

RSVP VOLUNTEER DRIVER STATEMENT: *I understand that if I use my personal automobile while volunteering, I will keep in effect a valid driver's license and auto insurance equal to or greater than the minimum required by South Dakota law or by the state where my auto is insured.*

Driver's License Number: _____ **State Issued:** _____

PERSONAL EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____

Phone: _____

RSVP VOLUNTEER SUPPLEMENTAL ACCIDENT and LIABILITY INSURANCE is provided (plus a small accidental death benefit) while you perform volunteer duties. This policy is secondary to your primary insurance and includes a death benefit, which can only be claimed if death is a result of a volunteer assignment. This coverage is automatic and free of cost if you are an active, enrolled member of RSVP. Please provide the following information:

Beneficiary Name: _____ **Beneficiary Relationship:** _____

Beneficiary Phone: _____ **Beneficiary Address:** _____

(Optional) DEMOGRAPHIC INFORMATION: <i>(FUNDERS OFTEN ASK US FOR DEMOGRAPHIC INFORMATION)</i>		
ETHNICITY		
<input type="checkbox"/> Hispanic, Latino or Spanish Origin		
<input type="checkbox"/> Not Hispanic, Latino or Spanish Origin		
SEX		
<input type="checkbox"/> Female		
<input type="checkbox"/> Male		
RACE		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-race (any two or more of the above)	

PLEASE COMPLETE OTHER SIDE OF FORM.

What type of volunteer work are you interested in? _____

Describe your past occupation and/or volunteer experience. _____

Please list site(s) where you currently volunteer. _____

Any physical/medical limitations? _____

How did you hear about RSVP? _____

Are you interested in being on our special list for one-time volunteer opportunities? YES NO

PLEASE READ AND INITIAL BELOW:

_____ *By initialing, I hereby grant United Way of Greater Yankton and/or Southeast South Dakota's 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 United Way of Greater Yankton and/or SESD RSVP in perpetuity. I will make no monetary or other claim against United Way of Greater Yankton and/or SESD RSVP for the use of these photograph(s)/video(s).*

_____ *By initialing, I agree to be bound to the policies and procedures that were reviewed with and provided to me by SESD RSVP Program Staff.*

_____ *By initialing, I hereby give RSVP consent to conduct a minimal background check including at search of my name on the National Sex Offender website. I also understand that a Volunteer Workstation may require a national criminal history check if my volunteer responsibilities include working with vulnerable individuals and/or it is their policy.*

This document will be kept on file to confirm the receipt of SESD's RSVP Volunteer Handbook. I affirm that the RSVP Project Coordinator reviewed the RSVP Volunteer Handbook and the RSVP policies with me, and I understand these documents are on file for me to review at any time.

I certify that I have received and understand and will voluntarily execute my signature, this day, with full knowledge of its significance.

VOLUNTEER SIGNATURE (REQUIRED)

DATE

RSVP PROJECT COORDINATOR SIGNATURE

DATE

THANK YOU FOR PROVIDING THE ABOVE INFORMATION. YOUR INFORMATION IS NEVER SOLD, SHARED, OR USED OUTSIDE OF SESD RSVP OR AMERICORPS.