



**AmeriCorps  
Seniors**

Retired Senior Volunteer Program-RSVP of Rock County

**AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM**

**FOR OFFICE USE ONLY!**

Station(s) \_\_\_\_\_

Assignment(s) \_\_\_\_\_

Date Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Computer Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

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

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

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

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

Are you a Veteran? \_\_\_\_ Yes \_\_\_\_ No      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 \_\_\_\_\_ Volunteer Experience \_\_\_\_\_

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

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 RSVP of Rock County 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 RSVP of Rock County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP of Rock County for the use of these photograph(s)/video(s).

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

**Certifications:**

**By signing below, I acknowledge that I have read, agree 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 Retired Senior Volunteer Program (RSVP) of Rock County. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, RSVP of Rock County, 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 that as an AmeriCorps Seniors volunteer, I will not conduct or engage in any prohibited activities including religious, sectarian or political activities.
- I understand that all AmeriCorps Senior Volunteer Stations will be accessible to persons with disabilities (including mobility, hearing, vision, mental, and cognitive impairments or addictions and diseases) and /or limited English language proficiency and provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.
- I understand that all AmeriCorps Senior Stations and volunteers will not discriminate on the basis of race, color, national origin, sex, age, religion, sexual orientation, disability, political affiliation, marital or parental status, pregnancy, reprisal, genetic information or military service.
- 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 Wisconsin. I will also keep in effect a valid Wisconsin/Illinois Driver's license.
- I understand that RSVP of Rock County has a policy to both encourage and protect persons known or anonymous who may come forth with complaints regarding grievances they may have about issues of employment, volunteering, volunteer operations, and/or services of RSVP of Rock County. Initial grievances must be reported, in writing, to RSVP of Rock County staff within 15 days of the incident.
- RSVP of Rock County is an equal opportunity Agency. Enrollment is done without regard to race, color, national origin, sex, age, religion, sexual orientation, disability, political affiliation, marital or parental status, pregnancy, reprisal, genetic information or military service. 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 of Rock County at (608) 362-9593. I understand that if I believe that I or others have been discriminated against, or if I want to seek advice, I can contact the Equal Opportunity Office (EEO) AmeriCorps at 250 E. Street, SW Washington, DC 20525 at (202) 606-3461 or [eo@americorps.gov](mailto:eo@americorps.gov).
- I understand and agree that I have received access to and will follow RSVP of Rock County's policies including Grievance, Non-discrimination, Accessibility, Confidentiality, National Service Criminal History Check, and Prohibited Activities.

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**AmeriCorps/RSVP Seniors Volunteer Signature      Date**

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**Staff Signature      Date**

**The following information is optional and will not affect your enrollment with RSVP of Rock County:**

1. Occasionally RSVP of Rock County will purchase volunteer recognition gifts for AmeriCorps Seniors volunteers. Please share the size you would use on each item below. (not guaranteed to receive)

Item	Size	Item	Size	Item	Size
Jacket		Vest		Hoodie	
Sweatshirt		Hat		T-shirt	

2. Which show of appreciation would mean the most to you? (check multiple, not guaranteed to receive)

Food/Meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
Logo wear <input type="checkbox"/>	Being chosen as the volunteer of the year <input type="checkbox"/>	Recognized in media/ newsletter <input type="checkbox"/>

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

Annual Household Income \_\_\_\_\_

Are you an active Military Member? \_\_\_\_\_ Are any of your family members actively serving in the military? \_\_\_\_\_

Are you a caregiver receiving respite care? \_\_\_\_\_ Do you identify as a member of the Disability community? \_\_\_\_\_

Housing owned by you or someone in your household with a mortgage or loan \_\_\_\_\_ Owned without mortgage/loan \_\_\_\_\_

Housing is rented with payment/rent \_\_\_\_\_ Rented without payment \_\_\_\_\_ Receiving Independent Living Services \_\_\_\_\_

**Sex:**

\_\_\_\_ Male

\_\_\_\_ Female

\_\_\_\_ Prefer not to answer

**Race:**

\_\_\_\_ White \_\_\_\_ Asian \_\_\_\_ Black/African-American \_\_\_\_ Two/More Races \_\_\_\_ Other

\_\_\_\_ American Indian/Alaska Native \_\_\_\_ Pacific Islander \_\_\_\_ Prefer not to answer

**Ethnicity:** \_\_\_\_ Hispanic/Latino \_\_\_\_ Non-Hispanic/Latino \_\_\_\_ Prefer not to answer

Return completed registration to:  
(Original Signatures Required)

RSVP of Rock County Inc.  
1201 Big Hill Ct.  
Beloit, WI 53511

**For Questions contact:**

608-362-9593

**Larisa Chmielewski**

Program Coordinator

[lchmielewski@rsvp-rock.org](mailto:lchmielewski@rsvp-rock.org)

**Patty Hansberry**

SVS Program Director

[phansberry@rsvp-rock.org](mailto:phansberry@rsvp-rock.org)

**AmeriCorps/RSVP Seniors Volunteer Signature**

**Date**

**RSVP of Rock County Staff Signature**

**Date**