

RETIRED AND SENIOR VOLUNTEER PROGRAM

811 W. Jericho Turnpike, Suite 103W, Smithtown, NY 11787
631-979-9490 Fax: 631-979-9235 Website: www.rsvpsuffolk.org
Email: coordinator@rsvpsuffolk.org



ENROLLMENT FORM (Please Print)



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 _____

Gender: Male: Female: Non-Binary/Non-Conforming:

Race/Ethnic Background: White Asian/Pacific Islander African American

Hispanic/Latino Multi-Racial Other

Are you an active Military Member? Yes No Are you a Veteran? Yes No

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

Physical/Medical Limitations _____ Do you consider yourself a person with a disability? _____

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 _____

(Please attach copy of license)

Emergency Contact _____ Phone _____

Previous Work or Occupation _____

Special Skills/Interests/Languages _____

Is there a particular volunteer experience you would prefer? _____

Days/Hours Available _____

How did you hear about RSVP? _____

Supplemental Accident Insurance

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

Beneficiary for RSVP Supplemental Accident Insurance _____

Address _____

Phone _____ **Relationship** _____

Please indicate if AmeriCorps Seniors RSVP Suffolk may have permission to use your likeness.

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

I do not give permission to use my likeness in photograph(s) and/or video(s) to RSVP Suffolk.



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 RSVP Suffolk. I understand that I am not an employee of the AmeriCorps Seniors RSVP project, Suffolk County, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors RSVP volunteer, 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.
- 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 New York. I will keep in effect a valid New York State driver’s license.

_____	_____	_____	_____
* AmeriCorps Seniors RSVP Volunteer Signature (required)	Date	Staff Signature	Date

Equal Opportunity Agency. RSVP Suffolk is an Equal Opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps Seniors 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 this application process, please contact RSVP Suffolk at 631-979-9490.