Hands shaking hands with text overlay

Description automatically generated**RSVP/VC (Rutland & Addison)**

16 North Street Ext., Rutland, VT 05701 (802)468-7056

Email: maryesarsvp@gmail.com

***RSVP/VC VOLUNTEER REGISTRATION***

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE\_\_\_\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAX TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU A VETERAN? YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_

Male Female:  Race/Ethnicity Background (Optional): White:  Other: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU LEARN OF RSVP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=================================================================================**

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

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Automobile Insurance Statement:***

I understand that if I use my personal automobile in volunteering my services with the RSVP program, I will arrange to keep in effect my own automobile insurance equal to the minimum amount required by the State of Vermont ($50,000 bodily injury - $50,000 property damage). I also agree to keep my drivers license current.

SIGNATURE OF VOLUNTEER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER'S LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP. DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Person to notify in case of emergency:***

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Agreement to volunteer:***

I hereby state that I am 55 years of age or older and offer my services as a volunteer. I volunteer my services with the Rutland/Addison County RSVP/VC Program and understand that I am not considered an employee of RSVP/VC or its sponsoring agency, Rutland Community Programs, Inc. I understand that I will not be paid for my services and that I may stop volunteering at any time I wish. I understand that in my capacity as an AmeriCorps Seniors volunteer 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 also agree that RSVP/VC may utilize a photo(s)/Video(s) of me taken while serving as a volunteer for public awareness or educational purposes.

SIGNATURE OF VOLUNTEER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COORDINATOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Employment Agency:**

**RSVP and The Volunteer Center/RSVP of Addison County 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 Disabilities Act. For accommodations to complete the application process, Please contact RSVP (Rutland/Addison Counties) at 802-468-7056.**

**Thank you for any information you provided. Your information is NEVER sold, shared, or used outside of AmeriCorps Seniors, RSVP and The Volunteer Center, or RSVP or RSVP of Addison County.**

**Please return this form to: RSVP/VC, 16 North Street Ext. Rutland, VT 05701**

**===============================FOR OFFICE USE ONLY================================**

**The Coordinator placing the volunteer MUST complete this section for the Registration process to be complete**

**Please select which of the following placement(s) has been made for this volunteer:**

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food Delivery: \_\_\_\_\_\_\_\_\_\_\_\_ Tax Assistance \_\_\_\_\_\_\_\_\_\_\_\_

Bone Builders/TeleCare/Movers and Shakers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify which one)

Capacity Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify; for example Op Dolls, hospital, mailers, clerical)

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify; for example Rutland Reads, After School Buddies)

**Please record the Volunteer Station(s) the volunteer has been placed at:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome Packet Sent: \_\_\_\_\_\_\_\_\_\_\_\_ Registration has been recorded on Volunteer Reporter: \_\_\_\_\_\_\_\_\_\_