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www.egyptianaaa.org  
RSVP@egyptianaaa.org

*Volunteers Make Communities  
Great!*

# Welcome to the RSVP of SI Family!

Thank you for joining RSVP, without you there wouldn't be an RSVP!

## Some Important Things to Remember:

- Don't forget to send in your time sheets by the **10<sup>th</sup>** of every month.  
Even if you aren't keeping track of your mileage. Checks will be mailed out after a \$20 accumulation or at the end of 3 months, whichever happens first.
- The Hours you turn in help keep the RSVP program going and gives our community volunteers recognition to the state and federal level for additional state funding. The more hours we turn in the more federal and state will see what our community needs funding for.
- Be sure to **LIKE** our Facebook page at [facebook.com/RSVPofSI](https://facebook.com/RSVPofSI) to see updates about the program, learn more about how RSVP of SI is helping your community, and it's an easy way to stay in contact with us.
- If you know of/or are helping with an event in your community let us know and we may be able to help or add it to our next newsletter to help get the word out.
- Help us spread the word about RSVP of SI. If there are other people you volunteer with or that you know want to volunteer ask them to give us a call.

### Contact Information

If you have any questions or concerns, let us know. We look forward to helping you!

Kandi Wallis, RSVP Director – ext. 113

Emily Sanders, RSVP Coordinator – ext. 107

(618) 985-8311

[RSVP@EgyptianAAA.org](mailto:RSVP@EgyptianAAA.org)



Volunteer Interest Form
RSVP of SI

Name: \_\_\_\_\_

Past Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

To help us provide you with volunteer opportunities that complement your skills, talents, and interests, please check off any categories that pertain to your interests, skills, and experience.

- Arts & Crafts
Assisting Disabled Adults / Children
Baking / Cooking
Tutoring/ Mentoring
Clerical / Office work
Companion for homebound
Computers
small group leader
Data Entry
Disaster Preparedness
Household Repairs
Environmental Projects
Financial assistance
Food Bank Volunteer
Fundraising/ Donations
Gardening
I have special Certification(s) or Training(s) I want to use.
Handwritten Letters
Medicare Assisting
Hospital Volunteer
Income Tax Assistance
Library Aide
Mentoring Children
Music Therapy
Photography
Reading to Children / Adults
Recreation Leader
Red Cross Volunteer
Senior Center Volunteer
Telephone Reassurance
Tour Guide
Sewing/Crocheting(lap blankets, fidget blankets)

Explain: \_\_\_\_\_

Do you have a particular age group you would prefer to work with? \_\_\_\_\_

Additional Information: Sometimes RSVP of SI likes to get volunteers shirts or hats ect. Please provide

TShirt size:





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### Volunteer Enrollment Form

#### RSVP of SI

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

Name: \_\_\_\_\_

Mailing Address, City, Zip: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Physical/medical limitations: \_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY	
Station(s)	_____
Assignment(s)	_____
Date Assigned	____/____/____
Computer Entry	____/____/____
By:	_____

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_.

Are you a Veteran? Yes/No If so, what branch? \_\_\_\_\_

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer of RSVP, you will be covered by accident and personal liability 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 member of RSVP. Please provide the following information.

Beneficiary for RSVP Supplemental Accident Insurance:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if RSVP may have permission to use your likeness

( ) I hereby grant RSVP of SI permission to use my likeness in photographs and videos in any or all of its publications or on the world wide web, whether now known or hereafter existing, controlled by RSVP of SI in perpetuity. I will make no monetary or other claim against RSVP of SI for the use of these photographs and videos.

( ) I do not give permission to use my likeness in photographs or videos to RSVP of SI.

## Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am/am not (circle) 55 years of age or older and offer my services as a volunteer for the RSVP of SI volunteer program. I understand that I am not an employee of the RSVP of SI, sponsor, volunteer station or Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP of SI volunteer I may encounter 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 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 Illinois. I will also keep in effect a valid Illinois Driver's license.

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RSVP Volunteer Signature

Date

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RSVP Staff Signature

Date

Equal Employment Agency – Egyptian Area Agency on Aging and RSVP of SI are an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. EAAA and RSVP of SI 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 us at (618) 985-8311.

Return completed registration to:     RSVP of SI  
                                                          c/o Egyptian Area Agency on Aging  
                                                          200 E Plaza Dr  
                                                          Carterville, IL 62918  
                                                          Fax: (618) 985-8315

For Questions call (618) 985-8311 or 1-888-895-3306 or send email to [RSVP@egyptianaaa.org](mailto:RSVP@egyptianaaa.org)

Thank you for any information you have provided. Your information is never sold, shared, or used outside of RSVP of SI, Egyptian Area Agency on Aging, Corporation of National and Community Service, or volunteer station.





**AmeriCorps  
Seniors**

*Volunteers Make Communities Great!*

## **Electronic Payment of Travel Reimbursements**

### **RSVP of SI**

The Egyptian Area Agency on Aging (EAAA) uses an electronic payment of travel reimbursement. Payments of travel reimbursements are securely deposited into your bank account. This method of payment is reliable, safe, and provides you quicker access to the money.

The procedure for setting up an electronic payment is as follows:

1. The volunteer will provide a voided check to EAAA.
2. Once submitted, the information on the voided check is used to populate the electronic transfer on the EAAA bank's secure website.

I voluntarily elect to participate in the EAAA's electronic direct deposit program. I understand that by agreeing to participate in the electronic direct deposit program that the EAAA will electronically transfer any compensation due directly into the bank account that I authorize rather than issuing a paper check.

I understand that the EAAA will not use the banking information to make electronic withdrawals from the account below.

Furthermore, I attest that the banking information submitted is correct and current. I will promptly notify the EAAA of any changes to banking information and / or to discontinue the electronic direct deposit.

I certify that I have read and understood this agreement. In signing this form, I authorize payments due to be direct deposited by electronic transfer to the financial institution named above or listed on a voided check that I submitted with this signed agreement.

**Would you like your reimbursement direct deposited or a check mailed to you? \_\_\_\_\_**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Is this account a Checking / Savings?**

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_



## Volunteer Orientation Checklist

### RSVP of SI

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Mark the following points that were covered in the volunteer's orientation:

- Received Volunteer Handbook (available online at [egyptianaaa.org](http://egyptianaaa.org))
- Received Complimentary Supplemental Volunteer Insurance Form (available online at [egyptianaaa.org](http://egyptianaaa.org))
- Completed Volunteer Enrollment Form
- Completed Volunteer Interest Form
- Completed Electronic Payment of Travel Form (if wanting direct deposit)
- Received RSVP Volunteer Monthly Timesheets (available online at [egyptianaaa.org](http://egyptianaaa.org))
- Provided copy of photo ID to RSVP Staff

Notes/Questions:

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Volunteer Signature

Date

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RSVP of SI Staff

Date