



Make Our Communities Great Again!

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: _____

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 ____

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.

1. To help with placement please check any of the following that interest you (check all that apply):

- Becoming a companion to an elder person or veteran.
- Tutoring/mentoring a child or young adult through the grades of K-12
- Delivering food/meals to homebound elders and/or veterans
- Volunteering at a food pantry

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.

RSVP Volunteer Signature

Date

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

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.