



Southern Iowa RSVP Enrollment Form

Name: _____ Birth Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Insurance Beneficiary: _____ Phone Number: _____

Address: _____

Preferred Contact? ☐ Home ☐ Cell ☐ Work ☐ Email

How did you hear about RSVP: _____

Specialized Skills/Experience: _____

Education/Professional Licensure: _____

Local/National Club or Board Affiliations: _____

Interests/Hobbies: _____

Physical conditions to be considered in arranging your volunteer assignment?

Medical information in the event of an emergency (i.e. allergies, medications, conditions):

Volunteer interest area: ☐ Literacy and Math ☐ Other

Availability for Volunteer Work:

I would like to participate: ☐ Weekly ☐ Monthly ☐ Occasionally

☐ Weekday Mornings ☐ Weekday Afternoons ☐ Occasional Evenings or Weekends

Previous Occupation(s):

Military Veteran: ☐ Yes ☐ No ☐ Active

Certain programs require a background check. Will you approve this action? ☐ Yes ☐ No

Additional Comments:

Racial Group:

☐ *American Indian/Alaskan Native* ☐ *Asian or Pacific Islander*

☐ *Black or African American* ☐ *Hawaiian or Pacific Islander*

☐ *Hispanic* ☐ *White*

Language spoken: _____

Volunteer experience:

VOLUNTEER COMMITMENTS: Please read this carefully before signing at the bottom.

Release of Information: I understand that the information provided on this form may be disclosed for the purposes of volunteerism.

Confidentiality: I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential both while I am a RSVP volunteer and after I am no longer a RSVP volunteer.

Insurance: If I use my car in volunteer service, I certify that I carry at minimum the state required liability insurance.

Volunteer Assignment: I understand my responsibilities as a volunteer. If a job description is needed, I will contact the RSVP office.

Release and Waiver: I desire to work as a volunteer for RSVP - and engage in the activities related to being a volunteer. I understand that the activities may include working for a sponsored agency (i.e., "station") or direct services to RSVP.

I hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver: I hereby release and forever discharge and hold harmless RSVP/Graceland University and its directors, employees, and consultants from any and all costs, liabilities, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the Activities on behalf of RSVP.

I understand that this Release discharges RSVP/Graceland University from any liability or claim that I may have against RSVP/Graceland University with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the activities on behalf of RSVP/Graceland University, whether caused by the negligence of RSVP/Graceland University or otherwise. I also understand that RSVP/Graceland University does not assume any responsibility for or obligation to provide financial assistance or other assistance, with the exception of providing supplemental liability and accidental death insurance coverage in the event of an accident while I am traveling directly to or from or when I am on assignment for or at a registered RSVP volunteer station. This coverage is automatic and free of cost as long as I am an active, enrolled member of RSVP. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

I understand that I am not an employee of RSVP/Graceland University, the sponsoring agency, or of any agency where I may volunteer. I am under no obligation to accept or continue any assignment unless I choose to do so. I affirm that the information I have provided is accurate and that I have read and agree to the statements above.

I acknowledge that I have received, and will review the RSVP of Southern Iowa handbook.

Name: _____

Signature: _____

Date: _____

Placement: _____

RSVP staff signature: _____

Date: _____

For RSVP Office Use Only

Data Entered: _____ Follow-up Date (three years from date of enrollment): _____

Work Plan (Education or Other Community Priority): _____

Placement Notes: _____

Completed by: _____ Completed Date: _____ 30-Day Review Scheduled: _____