



Letter of In-Home Agreement

Volunteer Name: _____ Station: _____

Name of Client: _____

Client Address: _____

Client Phone Number: _____

Date Assigned: _____

Emergency Contact Name: _____ Telephone: _____

Are you a veteran? __Yes __ No Do you have family that are veterans? __Yes __No

Assignment Type: Companionship/Transportation Outreach Services

Client Agreement: I, _____, fully understand that an RSVP volunteer, age 55 or older, will be a companion to me and assist me as outlined in the Volunteer Assignment Plan.

I understand that there is no charge or cost to me or other members of the household or my family for services provided by the RSVP Program.

I understand that the RSVP volunteer may not perform custodial or household duties that are normally the responsibility of household members, nurses, or employed workers and I will review the list of acceptable and unacceptable activities to better understand which RSVP activities are appropriate.

As a condition for the services of the RSVP volunteer, the members of the household **waive any liability charges** against the RSVP volunteer, Family & Community Services Inc. RSVP Program and/or the Volunteer Station/Station Coordinator that are not otherwise covered by insurance for unintentional property damage or personal injury to any member of the household. In any event, as a condition of this agreement, Family and Community Services and the Volunteer Station are free of any liability, unintentional or otherwise, that should occur on the property of the participant or participants.

Client or Guardian Signature / Date

RSVP Volunteer Signature / Date

Station Coordinator Signature / Date

RSVP Staff Signature / Date

RSVP of F&CS, Inc.,
ATTN: Data Coordinator
135 East Erie Street, Suite #301, Kent, Ohio
(phone) 330-677-3939 (fax) 330-677-3950