

AmeriCorps Seniors RSVP Applicant Checklist

Volunteer Name: _____ **County:** _____

Upon receipt of volunteer paperwork

- Enrollment form (605a) (**Completely filled out and signed by all**)
- Optional Information page completed _____ Volunteer refused to complete _____ (**coordinator to initial**)
- Drug Free Workplace Acknowledgement (Form P)
- Photo Release (Form B)
- Copy of State photo ID or Driver's License EXP DATE: _____ Does address match Enrollment Form Y__ N__
- NSOPW (Date: _____)
 - o Verify spelling matches **EXACTLY** on NSOPW & Driver's License. **USE FIRST and LAST NAME ONLY!**
 - o Note on each hit why individual search results are not your applicant (Wrong sex, Wrong age, etc.)
 - o Verify all states are reporting
 - o Sign & Date **each page** when all results are checked

Upon completion of the above step, contact the volunteer for interview and training.

- Date of Interview: _____ WHERE SERVING NOTED ON ENROLLMENT Y__ N__

Forms for volunteers who are driving for service (e.g., transporting clients, home meal deliveries, etc.)

- Copy of Current Insurance Coverage EXP DATE: _____

Forms for volunteers who are serving with a vulnerable population (students, elderly, etc.):

If Applicable:

- FBI Background Check Report
- BCI Background Check Report

Interview and training

- Conduct orientation and training

Finalize:

- Email address added to website for newsletter? (Only if volunteer consents to receive.)
- Complete Check list and send file to the Main office.

Initial: _____ Date: _____

Kent office:

- Entered into Volgistics by: _____ Date _____
- Paper File completed by: _____ Date _____
- Provide volunteer with welcome letter (225g) by: _____ Date _____



RSVP VOLUNTEER ENROLLMENT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Primary Phone Number: _____

Email: _____ Preferred Method of Contact: Email/Phone/Mail

Birthdate: _____ Shirt Size: _____ Gender: Male Female

Would you like to subscribe to our monthly newsletter via email? Y / N

❖ *The following information is collected for reporting purposes. It will not be shared or considered when determining placements for RSVP service.*

Ethnic Group:	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Other _____	

Are you a Veteran? (Yes or No)

Are you currently serving in any Armed Forces? (Yes or No)

Do you have family members that are Veterans or currently serving in the Armed Forces? (Yes or No)

How did you find out about the RSVP Program?

<input type="checkbox"/> RSVP Volunteer Referral	<input type="checkbox"/> RSVP Website
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend Referral
<input type="checkbox"/> RSVP Coordinator direct	<input type="checkbox"/> RSVP Recruitment Function
<input type="checkbox"/> Other _____	

Beneficiary for RSVP Supplemental Accident Insurance:

(You must list a person or an organization)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Emergency Contact:

Same as Beneficiary? (Yes or No)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

1. What is your availability? _____

2. Do you want to be added to our special call list for Volunteer Opportunities? Yes ___ No ___

3. Special Accommodations/Limitations? _____



4. Are you willing to submit to a criminal background check? Yes ___ No ___

5. Have you ever been convicted of a crime? Yes ___ No ___

Please explain: _____

Please check all items below that interest you.

<input type="checkbox"/> Transportation	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Serving Hot Meals
<input type="checkbox"/> Companionship	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Food Pantry Support
<input type="checkbox"/> Home Meal Deliveries	<input type="checkbox"/> Advisory Council	<input type="checkbox"/> Other _____

RSVP volunteers who transport clients as part of their service may be reimbursed for volunteer travel. Volunteers will receive **.25 per mile**. Reimbursements will be done on a monthly basis. **Mileage is due to the RSVP Office by the tenth of the following month.** The RSVP staff will help determine if you qualify for mileage reimbursement. *Refer to mileage policy in Volunteer Handbook.*

RSVP Staff: Does this volunteer qualify for mileage reimbursement? ___ YES ___ NO

If you are providing transportation for clients you must provide a current driver's license and insurance card to the coordinator upon renewal.

Driver's License #: _____ State of Issue: _____ Exp. Date: _____
Do you have Liability insurance equal to or greater than the minimum required by the state of Ohio? _____
What Company? _____ Expiration date? _____

By signing below, I submit that I am at least 55 years of age and that I reside in, or nearby, the community served by RSVP.

I have read and understand the contents of the RSVP Handbook and agree to abide by the rules and regulations stated therein.

I agree to serve without compensation and hereby volunteer my services with RSVP of Family & Community Services, Inc.

Volunteer Signature

Date

RSVP Staff

Date

Age of Volunteer at Enrollment: _____ (Enrollment Date is the date the RSVP staff signs/approves the enrollment form.)

To be completed by RSVP Staff AFTER volunteer is enrolled:

Station to which volunteer is first assigned: _____

Whenever possible, the RSVP staff will accompany the volunteer to the first date of active RSVP service.

***Family & Community Services, Inc.
Drug/Alcohol Free Workplace Policy***

Any employee/volunteer of Family & Community Services, Inc. who is found to be taking part in the unlawful manufacturing, distribution, dispensing, possession or use of a controlled substance or alcohol in the workplace will face disciplinary action as outlined in the agency's Administrative Manual and may face criminal penalties as well.

The consequences include immediate suspension, meeting with the Supervisor within three days and development of a corrective plan. If the employee/volunteer does not carry out the corrective action plan as agreed, dismissal may result. However, depending upon the circumstances of the situation, an employee/volunteer may face immediate dismissal.

Any employee/volunteer of Family & Community Services, Inc. must inform the Human Resources Director of any criminal drug statute conviction no later than five days after such conviction. Family & Community Services, Inc. is obligated under the U.S. Department of Health and Human Services Drug Free Workplace Requirements to notify HSS of any such conviction of an employee. When so notified by an employee of a conviction, the agency must take action within thirty days. The actions are either to (1) terminate employment of the individual, or (2) require this employee/volunteer to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.

In an effort to prevent or provide early recognition and treatment of drug/alcohol abuses, Family & Community Services, Inc. carries out a drug/alcohol free awareness program to inform employees/volunteers about the dangers of drug/alcohol abuse in the workplace, our policy of maintaining a drug/alcohol free workplace, available counseling and rehabilitation services, and penalties for drug free workplace violations.

All employees/volunteers are asked, as a condition of employment, to abide by this workplace requirement.

PLEASE READ AND SIGN BELOW AND RETURN TO HUMAN RESOURCES

As an employee/volunteer of Family & Community Services, Inc. I have read, understand, and agree to abide by the Drug/Alcohol Free Work Environment policy outlined above.

Employee/Volunteer Signature
HR Policy

Date



PHOTO RELEASE

FORM B

I hereby grant Family & Community Services Inc.'s AmeriCorps Seniors Programs and its cooperative partners (volunteer stations, station representatives, local and national media and program staff) the permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Family & Community Services, Inc.'s AmeriCorps Seniors Programs and will not be required to be returned or forwarded to me directly.

I hereby irrevocably authorize Family & Community Services Inc.'s AmeriCorps Seniors Programs and its cooperative partners to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing volunteer service under the AmeriCorps Seniors Programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Family & Community Services Inc.'s AmeriCorps Seniors Programs and its cooperative partners from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or over and am competent to contract in my own name. I have read this release before signing and I fully understand the contents, meaning and impact of this release.

Signature: _____

Printed Name: _____ Date: _____

I hereby choose to NOT allow my photo to be taken while volunteering for an AmeriCorps Seniors Program through Family & Community Services Inc.'s AmeriCorps Seniors Programs. I understand that it is my responsibility to make sure that I am not in any photographs that are being taken for publication and/or publicity of any AmeriCorps Seniors program or activity while I am volunteering.

Signature: _____

Printed Name: _____ Date: _____