



RSVP



**AmeriCorps
Seniors**

Retired and Senior Volunteer Program Volunteer Registration Form

Name: _____ Placement: _____

Address: _____ Source: _____

City: _____ Welcome: _____ Filed: _____ Staff: _____

State: _____ Zip: _____ County: _____ Township: _____

Home: _____ - _____ - _____ Cell: _____ - _____ - _____ E-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____ - _____ - _____

Birth Date: ____ / ____ / ____ Sex: Male Female Are you a veteran? Y N

Race: African-American Asian Hispanic Native American White Other _____

Are you a current community volunteer? If so, where? _____

Preferred communication method: E-Mail Phone Mail Are you on Social Media? Y N

SWIC-RSVP has permission to use your likeness in photographs / videos: Y N

Previous occupation: _____

Previous volunteer experience: _____

Special interests, hobbies, activities: _____

What draws you to volunteer?

- To feel I helped someone
- To learn and do something new and different
- To help my community be a better place
- To have a feeling of self-satisfaction
- To make friends
- To be more active and have better health
- Other

What form of recognition means the most to you?

- Thank you note
- Acknowledgement in a newsletter spotlight
- RSVP/SWIC/AmeriCorps Seniors branded apparel S M L XL 2XL
- Luncheon
- No preference

Is there any additional information you'd like to share with RSVP? _____

As an AmeriCorps Seniors RSVP volunteer, you are automatically enrolled in Excess Accident Medical Coverage (which includes Accidental Death & Dismemberment coverage), Excess Volunteer Liability Insurance, and Excess Automobile Liability Insurance while performing volunteer duties. This coverage is provided at no cost to active AmeriCorps Seniors RSVP volunteers. This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage. In the event of Accidental Death, please provide the following beneficiary information:

Beneficiary Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____

(If no beneficiary is named, please write "DECLINED".)

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

- I am at least 55 years of age and offer my services as a volunteer and agree to serve without compensation.
- If using my personal automobile in my volunteer service, I agree to keep in effect automobile liability insurance equal to or greater than the minimum requirement of the State of Illinois. I also agree to keep in effect a valid driver license.

Volunteer Signature

Date

Mail or Scan to RSVP:

For St Clair County:

RSVP @ Programs & Svcs for Older Persons (PSOP)
201 N. Church St.
Belleville, IL 62220
(618) 234-4410 ext 7012
Email: RSVP@SWIC.edu

For Madison County:

RSVP @ SWIC Campus
4950 Maryville Rd
Granite City, IL 62040
618-797-7195
Email: RSVP@SWIC.edu