



**AmeriCorps
Seniors**

Enrollment Application

Please complete all sections and mail or drop off to ATTN: RSVP Department at the *All Peoples Community Center* address below. *Forms with original signatures are required for enrollment.*

Name _____ Birth Date _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Mailing Address (if different than above) _____

Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes ____ No ____ **If yes,** please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Employment Experience _____

Why are you interested in volunteering? _____

Skills/Interests/Hobbies/Languages _____

Volunteer Experience (Current, Past) _____

Volunteer Preference:

____ Gardening ____ Member of Advisory Board ____ Food Distribution
____ Public Safety (working with Police Department) ____ Tutoring and/or Childcare
____ Other _____

Location:

____ South L.A. ____ Bell ____ Bell Gardens ____ Cudahy ____ Southgate
____ Lynwood ____ Maywood ____ Huntington Park

Days/Hours Available

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					



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*** Please check only one type of reimbursement: ***

What method of transportation do you utilize? Personal vehicle public transportation
 Other _____

I, _____ wish to receive reimbursement for travel or meal expenses
Please Print
Name

incurred through my volunteer service at _____
Name of Station

MEAL REIMBURSEMENT

I provide /purchase _____ of meal(s) (per month) while volunteering. Cost per meal \$ _____

The volunteer station provides me with _____ free meal (per month) when I volunteer.

MILEAGE REIMBURSEMENT *(Note that all information must be submitted and up to date.)*

I drive _____ mile (round trip) from my house to the volunteer station.

My Driver's License # _____ State _____ Expiration Date _____
(Mandatory) Provide copy.

My car insurance company is: _____
(Mandatory) Provide copy.

I Do not wish to be reimbursed

RSVP volunteers may receive assistance with meals or transportation between home and volunteer station, to trainings/orientations and recognition events.

Reimbursement will be issued, provided time sheet is signed by BOTH the volunteer and the station supervisor/coordinator. In addition, RSVP will only issue reimbursement for volunteers that submit their time sheets in a timely manner, (by the 20th of April/ July/ October/ January).

To be eligible for reimbursement, a volunteer must work a minimum of 8-10 hours per month and have completed the Reimbursement Request section.

Volunteer reimbursement is not an entitlement of the RSVP program, but is designed to assist those who would be unable to volunteer with some financial assistance.

Reimbursement checks are mailed quarterly based on availability of funds.

I **UNDERSTAND** in order to be eligible to receive a partial reimbursement this information must be correct and true, and that submission of this application does not fully entitle me for reimbursement. I also understand that reimbursement is not guaranteed as it is subject to project's approved budget fund availability. *Please note that not all volunteers are eligible for reimbursement.*



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As a volunteer of RSVP, you will be covered by accident, personal liability, and excess automobile 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.

Name of Emergency Contact _____

Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address, City, Zip _____

Phone _____

Please indicate if RSVP may have permission to use your likeness.

_____ I hereby grant *All Peoples Community & FamilySource Center* and the *RSVP* permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by *All Peoples Community & FamilySource Center* and the *RSVP* in perpetuity. I will make no monetary or other claim against *All Peoples Community & FamilySource Center* and the *RSVP* for the use of these photograph(s)/video(s).

_____ I **do not** give permission to use my likeness in photograph(s)/video(s) to *All Peoples Community & FamilySource Center* or the *RSVP*.

Certifications

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

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the *All Peoples Community & FamilySource Center's Retired Senior Volunteer Program* (Sponsor). I understand that I am not an employee of the RSVP Project, the Sponsor, Los Angeles County, the volunteer station, or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with 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 California. I will also keep in effect a valid California Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency - *All Peoples Community & FamilySource Center* is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. RSVP 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 the *RSVP* at (213) 747-6357, extension 123.



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The following information is optional and will not affect your enrollment with *All Peoples Community & FamilySource Center's RSVP*

Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
ABC RSVP logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? ____ Yes ____ No

Are you an active Military Member? ____ Yes ____ No

Are **any** of your family members actively serving in the military? ____ Yes ____ No

Gender: _____ Male _____ Female

Race/Ethnic Background:

White
 Asian
 African American
 Other
 Hispanic/Latino
 Pacific Islander
 American Indian/Alaska Native

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, All Peoples Community & FamilySource Center, or the Corporation of National and Community Service.

For Office Use Only:

Interview Completed By: _____

Potential Stations: _____

Additional Comments: _____

Station(s) Assigned _____

Assignment(s) Refer to Assignment Volunteer Description from Station

Date Assigned: ____/____/____ Database Entry: ____/____/____

By: _____