



RSVP ENROLLMENT FORM

FOR OFFICE USE ONLY
Station(s) _____
Assignment(s) _____
Date Assigned: ___/___/___
By: _____
Computer Entry: ___/___/___
By: _____

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

[] Do you have a Facebook account and would like to share it with PACS RSVP?

How is your FB listed: _____

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.

Driver's License # _____ State _____ Expiration Date _____

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.
Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes ___ No ___
If Yes, is a copy of your proof of liability auto insurance showing active coverage attached? Yes ___ No ___

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

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

The following information will help RSVP match you with a volunteer opportunity:

Employment Experience _____

Special Skills/Interests/Languages _____

Pennyrile Allied Community Services, Inc. (PACS)
Retired & Senior Volunteer Program (RSVP)

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon___ Tues___ Wed___ Thu___ Fri___ Mornings___ Afternoons___

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? _____

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

I hereby grant PACS 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 RSVP of PACS in perpetuity. I will make no monetary or other claim against RSVP of PACS for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to PACS RSVP.

I hereby grant PACS RSVP permission to complete a National Sex Offender (NSOPW) Search.

I do not give PACS RSVP permission to complete a National Sex Offender (NSOPW) Search. *If refused permission you will not be able to volunteer for PACS 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 PACS Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP 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 Kentucky. I will also keep in effect a valid KY Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency - PACS RSVP 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 PACS RSVP Staff at 1-800-264-0643.

The following information is optional and will not affect your enrollment with PACS RSVP.

1. Occasionally PACS RSVP may purchase volunteer recognition gifts to RSVP members. Please share the size you would use on each item below.

| Item | Size | Item | Size |
|-------|------|------------|------|
| Shirt | | Sweatshirt | |

2. 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"/> |
| PACS 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) | | |

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

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

(Optional) Gender:

(Optional) Race/Ethnic Background:

___ Male
___ Female

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

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of PACS RSVP or the Corporation of National and Community Services.

For Questions contact: RSVP Staff at 1-800-264-0643 email kathy.meredith@pacs-ky.org



Pennyrile Allied Community Services, Inc. (PACS)
Retired & Senior Volunteer Program (RSVP)



RECEIPT OF VOLUNTEER
ORIENTATION & HANDBOOK

Rsvp Volunteer printed name

I acknowledge that I have read and understand the policies and procedures as outlined in the
RSVP Handbook

I have completed the RSVP Volunteer Orientation

Volunteer Signature

Date

For office use only

RSVP Staff Signature _____ Date _____

AREAS OF INTEREST FORM

VOLUNTEER NAME: _____ COUNTY: _____

CHECK YOUR AREAS OF INTEREST AND SKILLS

ARTS

- Drama
- Fine Arts
- Music

HOME/GARDEN

- Conservation
- Construction
- Gardening
- Maintenance

LEISURE

- Crafts/Sewing
- Woodwork

BUSINESS

- Administrative
- Clerical
- Data Management
- Mailings
- PR/Marketing
- Tax Preparation

COMMUNITY SERVICE

- Animal Protection
- Boards/Committees
- Cooking/Baking
- Crisis Counseling/Help line
- Senior Assistance

HEALTH

- Bloodmobile/pressure
- Hospice
- Hospital Services
- Nutrition

EDUCATION

- Adult Literacy
- Child Literacy
- Library Work
- Mentoring
- Story Reading

MISCELLANEOUS

- Phone Calls
- Research
- Share Your Skills
- Short-term Assignments
- Speak/Lecture
- Write/Edit Newsletters

OTHER

What age groups interest you? Elementary Age Middle School Age High School Age
 Adults Seniors

What days are you interested in volunteering? _____

How many hours per week do you want to commit? _____

How did you hear about RSVP?

Comments: