

Volunteer Registration

Please print and complete all sections.

Name (Mr. Mrs. Ms. Miss) _____ Birth date _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone # _____

Email _____ County _____

Ethnic group: Caucasian African-American Hispanic Asian, Pacific Islander
Native American/Alaskan Native Other

Physical/Medical Limitations _____

Employment Experience _____

Skills/Interests/Languages _____

Are you presently volunteering? Where? Type of volunteer work? How many hours a week?

Would you like more work? If yes what kind? _____

Do you have a car? Yes No Driver's License # _____

Are you interested in RSVP reimbursement for Mileage when funding is available?

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum required by state.

Beneficiary for RSVP Accident Insurance paid by the RSVP Program:

Name _____ Relationship _____

Address _____ Phone _____

Local Emergency Contact _____ Phone _____

Are you interested in helping with one-time jobs? Yes No

Person to notify in case of an emergency:

Name: _____ Relationship: _____ Phone: _____

Cell phone: _____

To be completed by all applicants

I, _____ volunteer my services through the Harvey County Retired Senior Volunteer Program and understand that I am not an employee of Harvey County. I also understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the State of Kansas. I understand that the secondary excess auto liability insurance provided by RSVP only covers me while I am driving my own vehicle.

The undersigned releases Harvey County RSVP and Harvey County, their commissioners, directors, agents and employees, from any liability, claims and demands, whether known or unknown, arising out of participation by the undersigned in Harvey County RSVP programs, and the undersigned further agrees to indemnify and hold harmless Harvey County RSVP and Harvey County, their commissioners, directors, agents and employees, from any such liability, claims and demands.

I have received a volunteer job description and I understand as a volunteer I will be expected to demonstrate healthy attitudes, and mature and stable behavior. I will ask for, and be provided, a volunteer job description for new placements prior to said placement.

X _____ Date: _____
Signature of Volunteer

_____ Date: _____
Signature of RSVP Director

How did you hear about RSVP? ___newspaper ___RSVP volunteer ___staff ___agency ___other

