UNITED WAY EMERALD COAST
AMERICORPS SENIORS RSVP VOLUNTEER APPLICATION

Please print and complete all sections of the application. Once complete, please sign and date. Original signatures are required for enrollment.

Name (first & last) _____ Birth Date _____

E-mail _____ Phone _____

Address _____ City _____ State _____ Zip_____

Are you a Veteran? ☐ Yes ☐ No 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.

Driver's License # _____ State _____ Expiration Date _____

Would you consider volunteering with programs (such as Meals on Wheels) where you would be delivering or picking up items? ☐ Yes ☐ No

As an AmeriCorps Seniors volunteer in 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 if you are active and enrolled as an AmeriCorps Seniors volunteer in RSVP.

Please provide the following information:

Emergency Contact: _____ Phone _____

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name (first & last) _____ Relationship _____

Address _____ Phone _____

Occupation (past occupation if retired) _____

Interests or Special Skills _____

Volunteer Experience: _____

Please select the preferred area to volunteer: ☐ Tutoring ☐ Mentoring ☐ Health ☐ Food/Nutrition

Volunteer Availability: ☐ Regularly ☐ One-time Events ☐ As Needed

Please indicate if United Way Emerald Coast may have permission to use your likeness?

☐ I hereby grant UWEC and its affiliates the irrevocable, unrestricted right to use, publish, display, and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself in any media, for any purpose whatsoever, including commercial purposes, without further compensation.

☐ I do not grant permission to UWEC and its affiliates to use my likeness in photograph(s)/video(s) or any other media.

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 Okaloosa or Walton counties Retired and Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Okaloosa or Walton counties, the volunteer station or the Federal Government and agree to serve without compensation.

- As an Okaloosa or Walton counties AmeriCorps Seniors RSVP volunteer, I understand I may have access to sensitive confidential information, including information about the staff, volunteer leadership, programs and possibly finances of Volunteer Stations I will be serving at. I will treat all information I receive through my designated Volunteer Station as confidential, and I will not use this information for any purpose other than performing my duties for my volunteer services. I agree to protect this information to the best of my ability and not 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 Florida. I will also keep in effect a valid Florida Driver's license.

- I understand that the liability insurance provided by RSVP Okaloosa or Walton counties will provide protection against claims in excess of any benefits provided by other insurance. This includes accident insurance, personal liability insurance, and excess automobile liability insurance.

- I give United Way Emerald Coast permission to run a background screening if one or more of my selected volunteer stations serves vulnerable populations.

_____ _____

AmeriCorps Seniors Volunteer Signature Date

_____ _____

RSVP Director Signature Date

The following information is optional to complete and will not affect your enrollment with UWEC's RSVP Program. AmeriCorps Seniors RSVP is often asked to provide demographic information pertaining to volunteers for mid-year and annual reports. Please provide the following information.

Gender (Circle one): Male / Female

LGBTQ+? ☐ Yes ☐ No

How do you identify in terms of your race and ethnicity? Check all that apply.

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Other

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic/Latino

Are you a retired veteran? ☐ Yes ☐ No

Are you an active-duty military member? ☐ Yes ☐ No

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

RSVP STAFF USE ONLY

Circle One: Okaloosa County or Walton County

Station (s) _____

Assignment(s) _____

Date Assigned _____/_____/_____

Driver's License #_____

State _____ Expiration Date _____