



AmeriCorps Seniors

AMERICORPS SENIORS RSVP volunteer ENROLLMENT FORM

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

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 _____

Driver's License # _____ State _____ Expiration Date _____

AmeriCorps Seniors RSVP provides mileage reimbursement for travel between home, volunteer clients, and back home for the **MyRIDE Seniors Transportation program and Meals on Wheels.**

Will you claim mileage reimbursement for travel to and from your volunteer location: No _____ Yes _____

Beneficiary For AmeriCorps Seniors Supplement Insurance

Name: _____ Relationship: _____

Address: _____ Phone: _____

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

I hereby grant ABC County RSVP permission to use my likeness in photograph(s)/video(s) in any of its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors RSVP of Racine County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP of Racine County for using these photograph(s)/video(s).

I do not permit to use my likeness in photograph(s)/video(s) to ABC County RSVP.

What Are Your Interests? _____

AmeriCorps Seniors Partner Affiliates (Stations): **PLEASE CIRCLE the Station(s) that interest you**

AARP Foundation Tax-Aide	Caledonia Historical Society	Our Harmony Club	SVDP Food Pantry
Amateur Radio Emerg. Services	EZ-ID	Racine County Sheriff Patrol	Siena Retreat Center
Ascension All Saints HealthCare	Habitat For Humanity Construction Restore	Racine Heritage Museum	Sew 'n Save
Aurora Medical Center	Meals On Wheels	River Bend Nature Center	SkillBank
Be*leaf Survivors (SAS)	MyRIDE Senior Transportation	Senior Companion Program	Volunteer Center of Racine

AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).

Are you a Veteran? _____ Are you in the LGBTQ Community? _____
 Are you an active Military Member? _____ Are you in the Disability Community? _____
 Are any of your family members actively serving in the military? _____

Gender:

_____ Male
 _____ Female
 _____ Self-Described
 _____ Prefer not to answer

Race/Ethnic Background:

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

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 Racine County Retired Senior Volunteer Program. I understand I am not an AmeriCorps Seniors RSVP Project employee, the sponsor, Racine County, the volunteer station, or the Federal Government. I agree to serve without compensation.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep automobile liability insurance equal or greater to the minimum requirements of the state of Wisconsin. I will also keep in effect a valid Wisconsin Driver's license.

**Print Name
Volunteer**

Signature

Date

RSVP Project Director Signature

Date

Please Return the Form to: Volunteer Center of Racine, 6216 Washington Ave., Suite G, Racine, WI 53406
 RSVP Project Director Maggie Herrin mherrin@volunteerracine.org 262 886 9612

Equal Employment Agency - Racine County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. AmeriCorps 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 Racine County RSVP at (262) 886-9612.

Thank you for any information you have provided.

Your information is never sold, shared, or used outside AmeriCorps Seniors RSVP.



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