



**AmeriCorps  
Seniors**



Retired & Senior Volunteer Programs of  
Ingham, Eaton & Clinton Counties  
2400 Pattengill Ave. Lansing, MI 48910  
517-887-6116  
www.rsvp-lansing.com  
Serving our community since 1971

*AmeriCorps Seniors grant recipient*

## VOLUNTEER ENROLLMENT FORM

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Address (w/ Apt No.) \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check which program you are interested in:     FGP             SCP             RSVP

Have you been convicted of a:    **Misdemeanor:**    Yes    No            **Felony:**    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.

**Sex:**    Male    Female            **Marital Status:**    Divorced    Married    Single    Widowed

**Race:**    African American    American Indian    Asian    Caucasian    Hispanic    Other

### MILITARY SERVICE

Are you a veteran of the Armed Forces?     Yes             No

Is your spouse a veteran?                       Yes             No

### DRIVER INFORMATION/TRANSPORTION

MI Driver License/MI ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your method of transportation:     Car             Bus             Friend             Other

Would you be willing to drive for the program?     Yes             No

Are you currently employed or have other responsibilities that would interfere with volunteering?



**AmeriCorps  
Seniors**



Retired & Senior Volunteer Programs of  
Ingham, Eaton & Clinton Counties  
2400 Pattengill Ave. Lansing, MI 48910  
517-887-6116  
www.rsvp-lansing.com  
*Serving our community since 1971*

*AmeriCorps Seniors grant recipient*

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**BENEFICIARY**

Our programs provide personal liability and accident insurance coverage for all our volunteers while volunteering. To be eligible we must have a statement of beneficiary from you.

**My beneficiary is:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**AVAILABILITY**

Please indicate below the days and times you can volunteer. A minimum commitment of 15 hours per week is required for the Foster Grandparent or Senior Companion Program:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Available							

**RELEVANT EXPERIENCE**

(Please describe prior volunteer experience; experience with people with characteristics like those served in the program; education and work experience.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_



**AmeriCorps  
Seniors**



Retired & Senior Volunteer Programs of  
Ingham, Eaton & Clinton Counties  
2400 Pattengill Ave. Lansing, MI 48910  
517-887-6116  
www.rsvp-lansing.com  
*Serving our community since 1971*

***AmeriCorps Seniors grant recipient***

**Please list your allergies (including medication(s)):**

**Can medical treatment be administered if your physician can NOT be reached? (Circle one)**

**YES      NO**

**I authorize this agency the option to release a copy of this application, if necessary, to their host sites.**

Yes       No

**CERTIFICATIONS**

***To process your application, please review and initial each statement listed below.***

I hereby affirm that I am 55 years of age or older and willingly offer my services as a volunteer for the RSVP Foster Grandparent Program (FGP) / Senior Companion Program (SCP) / Retired & Senior Volunteer Program Volunteer (RSVP). I understand that I am serving in a volunteer capacity and am not considered an employee of the AmeriCorps Seniors FGP/SCP/RSVP Project, RSVP of Ingham, Eaton & Clinton County, any participating volunteer station, or the Federal Government.

I acknowledge that, during the course of my service as an AmeriCorps Seniors volunteer, I may have access to confidential or sensitive information. I agree to maintain the confidentiality of all such information and not to disclose it to any unauthorized individuals during my service or after it has concluded.

Furthermore, I understand that if I choose to use my personal automobile in the course of my volunteer duties, I am responsible for maintaining automobile liability insurance that meets or exceeds the minimum legal requirements of the State of Michigan. I also agree to maintain a valid Michigan driver's license throughout the duration of my volunteer service.

**Applicant Initials**



**AmeriCorps  
Seniors**



Retired & Senior Volunteer Programs of  
Ingham, Eaton & Clinton Counties  
2400 Pattengill Ave. Lansing, MI 48910  
517-887-6116  
www.rsvp-lansing.com  
*Serving our community since 1971*

*AmeriCorps Seniors grant recipient*

I hereby declare that all statements provided in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of relevant information may result in the denial of my application or, if accepted, my dismissal from the Foster Grandparent Program, Senior Companion Program, and/or Retired and Senior Volunteer Program (RSVP).

I further acknowledge that my selection into any of these programs is contingent upon the satisfactory review of my criminal history check by RSVP.

\_\_\_\_\_  
Applicant Initials

I hereby give permission to RSVP and its programs (FGP, SCP, RSVP) to use my name, image, and/or voice in photographs, videos, and other media taken during volunteer activities. These materials may be used for program promotion, public information, or reporting, in print or digital formats. I understand I will receive no compensation and waive any rights to review or approve the final media.

\_\_\_\_\_  
Applicant Initials

I authorize this organization to conduct thorough background checks with iCHAT, Truescreen, National Sex Offender site, FBI fingerprint, Central Registry Clearance, Michigan Sex Offender Registry, Truescreen and Michigan Child Care background check and disclosure.

\_\_\_\_\_  
Applicant Initials

**DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to:*  
RSVP of Ingham, Eaton & Clinton Counties  
2400 Pattengill Avenue, Lansing, Michigan 48910