



**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

VOLUNTEER APPLICATION

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

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: _____

Type of transportation: Car Bus Friend Other

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

Comments: _____

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



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BENEFICIARY

Our programs provide personal liability and accident insurance coverage for all of 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: _____

EMERGENCY CONTACT

Name: _____ **Telephone #:** _____ **Relationship:** _____

Name: _____ **Telephone #:** _____ **Relationship:** _____

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 persons with characteristics like those served in the program; education and work experience.) _____

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

_____ Yes _____ No

I authorize the release of photographs taken for use in publications and advertisements for RSVP.

_____ Yes _____ No



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<p>Medical Issues:</p>	<p>Current Medications:</p>
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Can medical treatment be administered if your physician can NOT be reached? (Circle one)
 YES NO

The information I have provided is true and accurate to the best of my knowledge.

SIGNATURE _____

DATE _____



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APPLICATION STATEMENT

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

I declare that all statements contained in this application are true and any misrepresentation or omission may result in rejection of my application and/or termination with the Foster Grandparent, Senior Companion and/or Retired and Senior Volunteer programs. I understand that selection into the program is contingent upon RSVP's review of my criminal history check results.

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

My signature verifies that I have read all the above statements, have asked questions and fully understand all of these statements. I understand that selection into this program is contingent upon RSVP's review of my criminal history check results.

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

Applicant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

**Please return to:
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