



**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 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?



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EMERGENCY CONTACT

Name: _____ Telephone #: _____ Relationship: _____

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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?



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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



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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
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