

**FREE
RSVP Membership
Benefits:**

- Supplemental Insurance
- Transportation Reimbursement*
- Recognition Events



1126 N. Monroe
Spokane, WA 99201
(509) 344-7787
rsvp@ymcaspokane.org

Date: _____
Volunteer Station: _____
Volunteer Number: _____

Volunteer Enrollment Form

Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____ Veteran? ___ Yes ___ No

Previous Experience: _____

Physical/Medical Limitations: _____

[] I hereby grant RSVP of Spokane County permission to use my likeness in photograph(s)/video(s) in any and all of its printed publications or online, whether now known or hereafter existing, controlled by RSVP of Spokane County in perpetuity. I will make no monetary or other claim against RSVP of Spokane County for the use of these photograph(s)/video(s).

[] I do not give permission to use my likeness in photograph(s)/video(s) to RSVP of Spokane County.

*RSVP provides reimbursement for mileage/bus fare to volunteers for travel between home and the assigned volunteer station. **Transportation reimbursement is provided to low-income volunteers only.**

Will you be requesting reimbursement for travel to and from your volunteer station? **Yes** ___ **No** ___
If Yes, you will be required to complete an Application for Transportation Reimbursement.

As a volunteer of RSVP, you will be covered by excess automobile, accident, and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ **Phone** _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ **Relationship** _____

Address _____ **Phone** _____

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 Retired and Senior Volunteer Program. I understand that I am not an employee of RSVP of Spokane County; the project sponsor; Spokane County; my volunteer station; or the Federal Government, and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to 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 Washington. I will also keep in effect a valid Driver's license.

RSVP Volunteer Signature

RSVP Representative Signature

Optional Information

RSVP is often asked to provide demographic information pertaining to volunteer members. Please provide the following information (Optional).

(Optional) Gender you identify as:

_____ Male

_____ Female

(Optional) Race/Ethnic Background(s) you identify as:

___ White ___ Asian ___ African-American

___ Hispanic/Latino

___ American Indian/Alaska Native ___ Pacific Islander ___ Other

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP or the Corporation for National and Community Service.