

Menominee-Delta-Schoolcraft Community Action Agency & Human Resources Authority, Inc.
RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

507 1st Avenue N., Escanaba, MI 49829 (906) 786-7080 extension 112 or 136

Menominee-Delta-Schoolcraft Community Action Agency is an affirmative-action, equal-opportunity employer. MDS Community Action Agency programs and materials are open to all without regard to race, color, national origin, sex, religion, age, height, weight, disability, political beliefs, marital status, family status, veteran status, or any other status protected by law.

VOLUNTEER INFORMATION - please **print** the answer to all questions

Name: _____ email address: _____

Address: _____
(Street) (City, State, Zip Code)

Phone: (_____) _____ Phone: (_____) _____
Area Code Primary Number Area Code Secondary Number

Date of Birth: _____ Sex: _____ Male _____ Female

Race (Please Circle One):

White Black Asian/Pacific Islander American Indian/Eskimo/Aleut Unknown
Hispanic No Yes Unknown
Multi-racial No Yes Unknown
If Multi-racial: White Black Asian/Pacific Islander American Indian/Eskimo/Aleut

Have you or your spouse served in the military? No Yes Unknown
Self No Yes If yes, which Branch? _____
Spouse No Yes If yes, which Branch? _____

Languages Spoken _____ Marital Status: _____

Driver's License no: _____ / _____ / _____ / _____ Government Issued Id _____ / _____ / _____ / _____

Do you drive? No Yes Do you have transportation: No Yes Do you have Auto Insurance? No Yes

BENEFICIARY(S) FOR RSVP ACCIDENT INSURANCE

Name: _____ Relationship: _____

Address: _____
(Street) (City, State, Zip Code)

Phone: (_____) _____
Area Code Home Cell Work

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(Street) (City, State, Zip Code)

Phone: (_____) _____
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EMERGENCY CONTACT(S) INFORMATION FOR RSVP VOLUNTEER

Person to contact in case of emergency: _____

Relationship: _____ Phone: (_____) _____
Area Code Home Cell Work

Second person to contact in case of emergency: _____

Relationship: _____ Phone: (_____) _____

General Health Status: Very Good Good Fair Poor Very Poor

Do you have any activity restrictions? No Yes _____

Are you disabled? No Yes If Yes, describe _____

SKILLS AND INTERESTS

There are so many needs for volunteers. It helps us find a position which will suit you. Please check those areas listed below in which you have an interest.

_____ Bookkeeping Skills	_____ Knitting/Crochet	_____ Plumbing
_____ Clerical Skills	_____ Legal Matters Knowledge	_____ Recreational Activities
_____ Computer Skills	_____ Library	_____ Research
_____ Cooking Skills	_____ Mechanical	_____ Sewing
_____ Developmentally Disabled	_____ Medical Insurance Forms	_____ Speaking
_____ Elderly	_____ Meeting People	_____ Sports
_____ Electrical	_____ Mentoring	_____ Supervisory
_____ Entertainment	_____ Museum	_____ Tax Forms Knowledge
_____ Financial Management	_____ Musical Instrument	_____ Teaching/Training
_____ Friendly Visiting	_____ Needlework	_____ Thrift Shop
_____ Gardening	_____ Nursing	_____ Visitation
_____ Graphics Arts	_____ Organizing Ability	
_____ Handicap	_____ Painting	
_____ Hospice	_____ Photography	

BACKGROUND

Highest Education Completed: _____ Previous volunteer experience: _____
Type of volunteer work desired: _____

Past employment _____
Currently: Retired? Yes No If no: Currently working Part-Time or Full-time

Where did you hear about the program?

Area Agency on Aging Friend Internet Newsletter Newspaper
Radio Relative Religious Organization Senior Center
Television Volunteer Station Other _____

Referral Source: Current Volunteer Volunteer Station N/A

I authorize the use of any film and/or printed images for promotional, reproduction and/or distribution without payment of fees, in perpetuity. Yes _____ No _____

DISCLAIMER

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, MDS CAA & HRA, Inc., the Michigan Department of Health and Human Services/Aging and Adult Services Agency and AmeriCorps Seniors.

INSURANCE COVERAGE INFORMATION

RSVP Volunteers are provided with a Volunteer Accident Insurance, Excess Volunteer Liability and Excess Auto Liability while they are engaged in their volunteer assignments. It is supplemental to any coverage carried by the volunteer and the Agencies where they are volunteering. Notice of any accidents/injuries is required within 24 hours; please call the RSVP Office at 906-786-7080.

VOLUNTEER RECOGNITION

Occasionally the Menominee, Delta and Schoolcraft Retired and Senior Volunteer Program (RSVP), will purchase volunteer recognition gifts for RSVP members. Please share the size you would use on each item below.

Item	Size	Item	Size	Item	Size
T-Shirt		Sweatshirt		Hoodie	

QUESTIONS LISTED BELOW ARE VOLUNTARY

Information to be used for data collection only for federal funder

Income Level of Volunteer (Please circle one)

\$24,999 or less

\$25,000 to \$39,999

\$40,000 to \$59,999

\$60,000 to \$74,999

\$75,000 to \$99,999

\$100,000 to \$149,999

\$150,000 or more

Housing (Please circle one)

Owned by the volunteer or someone in their household with a mortgage or loan

Owned by the volunteer or someone in the household free and clear without a mortgage or loan

Rented

Occupied without payment or rent

The information in this application is true and correct to the best of my knowledge.

X _____ X _____
(RSVP Volunteer) (Date) (RSVP Director) (Date)

CONVICTION CRIMINAL HISTORY INFORMATION CONSENT FORM

As a prospective volunteer of Retired and Senior Volunteer Program (RSVP), I consent to and understand that it is the AmeriCorps Seniors Policy to secure conviction criminal history information using the data provided below. RSVP reserves the right to conduct regular criminal history checks on the signer of this document for purposes of continued volunteerism. The information obtained will not be used for any other purpose. I also understand that an offer of volunteer placement is contingent upon the satisfactory results of this investigation.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Other Names Previously Used: _____

Date of Birth: _____ Age: _____

Race: _____ Gender: ☐ Male ☐ Female

- ☐ I understand that the above information is requested by the Internet Criminal History Access (ICHAT) tool of the Michigan State Police, Lansing, Michigan.
- ☐ I understand that RSVP may process a *search* through the National and State Sex Offender Registries.
- ☐ I authorize RSVP to utilize the above information for the sole purpose of obtaining a conviction only history file search.
- ☐ I understand that I will be given the opportunity to dispute and respond to potential findings.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered yes to the above question, please answer the following questions:

a. Describe in detail the criminal act committed: _____

b. Date of conviction: _____

c. Type of punishment or penalty received as a result of the conviction: _____

Volunteer's Signature: X _____ Date: _____

Volunteer search was reviewed:

Director's Signature: _____ Date: _____