



**BLACKSTONE VALLEY COMMUNITY ACTION PROGRAM
NORTHERN RHODE ISLAND RSVP**

AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM

<p>FOR OFFICE USE ONLY!</p> <p>ID #: _____</p> <p>Station(s) _____</p> <p>Assignment(s) _____</p> <p>Date Assigned ___/___/___</p> <p>Computer Entry: ___/___/___</p> <p>By: _____</p>

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Are you a Veteran? _____ Yes _____ No _____ Physical/Medical Limitations: _____

Emergency Contact _____ Phone _____

Primary Physician: _____ Phone _____

Have you ever been convicted of a criminal offense or misdemeanor? 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.

INSURANCE INFORMATION

<p>Driver's License # _____ State _____ Expiration Date _____</p> <p>License Plate # _____ State _____</p> <p>AmeriCorps Seniors RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.</p> <p>Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes__ No__</p>

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes _____ No _____

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by accident, personal liability, and excess automobile 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 as an AmeriCorps Seniors volunteer in RSVP. Please provide the following information.

[] I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum required by the State of Rhode Island. _____ (Initials)

Certifications

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 Blackstone Valley Community Action Program - Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Blackstone Valley Community Action Program, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP 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 Rhode Island. I will also keep in effect a valid Rhode Island Driver's license.

AmeriCorps Senior Volunteer Signature Date

Staff Signature Date

Occasionally Blackstone Valley Community Action Program RSVP will purchase volunteer recognition gifts to an AmeriCorps Seniors volunteer. Please share the size you would use on each item below.

Item	Size	Item	Size	Item	Size
Jacket		Vest		Hoodie	
Sweatshirt		Hat		Shoe size (for snow cleats)	

Equal Employment Agency – Blackstone Valley Community Action Program RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Blackstone Valley Community Action Program RSVP at (401) 723-4520 ext. 257

Return completed registration to:

Blackstone Valley Community
Action Program RSVP
32 Goff Avenue
Pawtucket, RI 02860

For Questions contact:

Kamalich Vega (401) 475-4848
kvega@bvcap.org

**(Original Signatures
Required on the Form)**