



Douglass Community Services, Inc.
RSVP Volunteer Enrollment



Please Print and complete all sections

Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ E-Mail: _____

Previous work or occupation: _____

Preferred Volunteer Work: _____

Days/Hours Available: Mon___ Tues___ Wed___ Thu___ Fri___ / Mornings___ Afternoons___

Physical/Medical Limitations: _____

The following information is optional:

Shirt size: _____ Are you a Veteran? ___ Yes ___ No

Gender: _____

Race/Ethnic Background: ___ White ___ Asian ___ African-American ___ Hispanic/Latino
___ American Indian/Alaska Native ___ Pacific Islander ___ Other

AmeriCorps Seniors RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location?
Yes ___ No ___

As an AmeriCorps Senior 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 RSVP volunteer.

Emergency Contact: _____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Mailing Address: _____

Phone: _____

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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 Retired and Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP project, Douglass Community Services, the volunteer station or the Federal Government and agree to serve without compensation.
- 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 Missouri. I will also keep in effect a valid Missouri Driver's License.

Signature of RSVP Volunteer: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Please send to: 711 Grand Ave,
Hannibal, MO 63401

Or Email to: rsvp@douglassonline.org

Or Fax to: 573-221-6196

For questions contact:

Mallory Griesbaum

rsvp@douglassonline.org

Phone: (573) 719-3382

FOR OFFICE USE ONLY:

Station(s): _____

Assignment(s): _____

Date Assigned: _____

Computer Entry: _____