

Office Use Only
 _____ RSVP R- _____
 (55+)
 _____ MIDI V- _____
 (18-54)

THE VOLUNTEER CONNECTION
 239 N. Santa Fe
 Salina, KS 67401
 (785) 823-3128
VOLUNTEER REGISTRATION FORM

Ethnicity: ___Caucasian
 ___Afro-American ___Hispanic
 ___American Indian/Alaska Nat.
 ___Asian or Pacific Islander
 ___Multi-area: _____
 (for statistical purposes only)

First Name: _____ Last Name: _____ Nickname: _____

Phone (home): _____ Phone (cell): _____

Address: _____ E-mail: _____

Birth Date: _____ Gender: F ___ M ___ Children? Ages?: _____

How did you hear about our agency? Family ___ Friend *RSVP* ___ Agency Staff ___ Newspaper ___
 TV ___ Radio ___ Website ___ Other Internet ___ Other* _____

Would you like to be included on a listserve to receive volunteer opportunities and other information related to The Volunteer Connection? Yes ___ No ___

Is transportation available to you?: Yes ___ No ___ Type: Car ___ Van ___ Pickup ___ Other _____

Drivers License # _____ Auto Insurance: _____ Policy # _____

Employment: Yes ___ No ___ Full time ___ Part Time ___ Retired _____

Previous Work Experience: _____

Employer: _____ Position: _____ Phone (work): _____

Education Level/ Specialized Training: _____

Do you smoke? Yes ___ No ___ Are you willing to volunteer where smoking is allowed? Yes ___ No ___

Emergency Contacts: _____

(Name) (Phone) (Relationship)

(Name) (Phone) (Relationship)

Any physical condition(s)/ limitations we should be aware of? _____

What other/special knowledge, interests and abilities do you have that you would enjoy using as a volunteer? _____

Previous volunteer services: _____

Why do you want to volunteer?: _____

What are the best times for you to volunteer/and or unavailable:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Have you ever been convicted of a felony? ___ If so, when and for what reason: _____

Please provide three character references who can verify your suitability to serve as a volunteer. The references cannot be relatives and they must have known you for at least one year.

Name	Address	Phone	Relationship

Accident Insurance Beneficiary (ies): For RSVP Volunteers ONLY

Name	Address	Phone	Relationship

Please read the following and sign below if you agree to all statements:

I hereby enroll as a volunteer through The Volunteer Connection/RSVP (if age 55+) and understand that I am, therefore, entitled to specific benefits which apply while I am engaged in volunteer **activity which is recorded and reported to the office**. These benefits include volunteer service-related: transportation or mileage reimbursement (RSVP); reimbursement for meals according to established policies (RSVP); accident and liability insurance (RSVP and VC); and participation in activities designed for recognition of volunteers for services rendered.

(circle one)

I will/will not permit The Volunteer Connection to photograph, videotape and/or audiotape my activities as a volunteer for the purpose of publicizing the activities and services of The Volunteer Connection. I waive all claims, rights and entitlements to payment for such use or for damages caused by such use.

I understand that confidentiality in all areas of service must be maintained. I understand that, depending on the nature of the volunteer opportunity to which I am assigned, an investigation into my background may be conducted to obtain information needed for the purpose of considering me for referral or assignment as a volunteer. I release The Volunteer Connection, its program services and all individuals and agencies connected with these entities from liability or damage in connection with securing such information, and I understand that all information obtained will be kept confidential.

If applicable, I will keep in effect automobile liability insurance equal to the amount required by the State of Kansas. I understand that volunteer activities to which I am referred may involve certain risks and I will ascertain the risks and liabilities with appropriate personnel before engaging in volunteer activity with any agency. I do hereby for myself, and for all who may hereafter claim through or for me, waive and release The Volunteer Connection, its officers, agents, employees and beneficiaries from all claims, rights and causes of action accruing in my favor as a result of personal injuries, loss of life, or loss of property while participating in volunteer activities to which I am referred. I further agree that no suit or action at law shall be pursued or filed by me or others on my behalf. Finally, I acknowledge that I am volunteering my time and skill and that I will not receive monetary compensation in return.

Volunteer's Signature _____ Date _____ Interviewer _____

FOR OFFICE USE ONLY

entered into Reporter _____

Comments: _____

Referrals: _____

Date Withdrawn _____ Reason _____

RSVP Director Signature _____ Date _____