



55+ RSVP Volunteer Registration Form

Name: _____

Mailing Address: _____ Age: _____

City: _____ Zip: _____ Birth Date: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Are you a veteran? Yes No Spouse of Retired? Yes No Preferred? Home Cell Email

Employer: _____ Experience: _____

Education/Skills: _____

Clubs and Groups: _____

Interests/Hobbies: _____

Previous Volunteer Experience: _____

Physical conditions to be considered in arranging volunteer assignment: _____

Emergency Medical Info (i.e. allergies, meds, conditions): _____

Please list an Emergency Contact:

Name: _____ Relationship: _____

Address:

Home: (____) _____ Cell: (____) _____ Email: _____

Priority Volunteer Opportunities (please select all that may interest you):

- Elementary Reading Buddies
- Medical Transportation
- Meals on Wheels
- Pen Pals
- One-time Projects/Events
- Senior Fraud Fighters
- Other Community Volunteering: _____



Do you have record of founded child or dependent abuse and/or have you been convicted of a crime in Iowa or any other state? Yes No

Driver's License and Insurance Information:

Driver's License #: _____ Auto Insurance Co: _____

DL Expiration: _____ Do you carry required minimum insurance? Yes No

Beneficiary for 55+ RSVP Supplemental Accident Insurance:

If there is no surviving beneficiary, loss of life benefits will be paid in one sum to this covered volunteer's estate.

Name: _____ Relationship: _____

Address: _____

Phone: (____) _____ Cell: (____) _____

VOLUNTEER COMMITMENTS: Please read this carefully before signing at the bottom.

- **Release of Information:** I understand that the information provided on this form may be disclosed for the purposes of volunteerism.
- **Confidentiality:** I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential.
- **Insurance:** If I use my car in volunteer service, I certify that I carry, at a minimum, the state required liability insurance.
- **Volunteer Assignment:** I understand my responsibilities as a volunteer. If a job description is needed, I will contact the 55+ RSVP office.
- **Release and Waiver** I desire to work as a volunteer for 55+ RSVP – a program of United Way of Johnson & Washington Counties (UWJWC) and engage in the activities related to being a volunteer (the "Activities"). I understand that the Activities may include working for a community partner or direct services of 55+ RSVP.

I hereby and freely, voluntarily and without duress, execute this Release under the following terms:

Release and Waiver: I hereby release and forever discharge and hold harmless 55+ RSVP/UWJWC, its directors, employees and consultants from any and all costs, liabilities, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the activities on behalf of 55+ RSVP/UWJWC.

I understand that that this Release discharges 55+ RSVP/UWJWC from any liability or claim that I may have against 55+RSVP/UWJWC or otherwise. I also understand that 55+ RSVP/UWJWC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, disability, or automotive insurance in the event of injury or illness. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

I understand that I am not an employee of 55+ RSVP/UWJWC, the sponsoring agency, or of any agency where I may volunteer. I am under no obligation to accept or continue any assignment unless I choose to do so. I affirm that the information that I have provided is accurate and that I have read and agree to the statements above.

I give 55+ RSVP/UWJWC permission to use my name/photo for education/marketing purposes. Yes No

Volunteer Name: _____

Volunteer Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____