

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Male \_\_ Female\_\_ Marital Status: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Are you a veteran? \_\_ Yes \_\_ No

May we share your phone number or email address with an RSVP station? \_\_ Yes \_\_ No

EMERGENCY CONTACT: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2 or E-mail address: \_\_\_\_\_

**Volunteer Insurance Plan(s)** All RSVP members are provided these insurance plans at no charge.

- If you are in an accident in your car traveling to/from an RSVP assignment, you are covered by an EXCESS AUTOMOBILE LIABILITY INSURANCE PLAN up to \$500,000 per incident for personal injury or property damage claims not covered by your private insurance. This is not a substitute for your own private coverage.
- Members are insured while volunteering for RSVP. ACCIDENTAL MEDICAL INDEMNITY pays up to \$20,000 for expenses not covered by Medicare or other private health insurance(s). ACCIDENTAL DEATH OR DISMEMBERMENT pays \$5000 for loss of life, limb or sight. Since there is a death benefit involved, please name a beneficiary (below).

*I understand that if I use my personal automobile in my volunteer service I will arrange to keep in effect automobile liability insurance at least equal to the minimum limits required by the State of Illinois.*

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

(ACCIDENTAL DEATH POLICY)

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I volunteer my services through the Retired and Senior Volunteer Program of Champaign, Piatt and Douglas Counties, and understand that I am NOT an employee of RSVP. My signature indicates my reading and understanding the above enrollment form.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
RSVP Program Director

**PLEASE COMPLETE BOTH SIDES AND RETURN TO:**

**RSVP, 48 E. Main Street, Champaign, IL 61820 • Tel: (217) 359-6500 / Fax: (217) 359-6550**

# RSVP VOLUNTEER PLACEMENT INFORMATION

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERESTS: *Please check all that interest you*

- |                                                      |                                                     |                                                        |
|------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Adult Education/Literacy    | <input type="checkbox"/> Gift Shops                 | <input type="checkbox"/> Red Cross                     |
| <input type="checkbox"/> Advisory Council/Board      | <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Senior Activities             |
| <input type="checkbox"/> Animals                     | <input type="checkbox"/> Greeter                    | <input type="checkbox"/> Senior Fair Booths            |
| <input type="checkbox"/> Arts & Crafts               | <input type="checkbox"/> Health Care/Nursing        | <input type="checkbox"/> Senior Help Services          |
| <input type="checkbox"/> Bulk Mailings               | <input type="checkbox"/> Health Education           | <input type="checkbox"/> Senior Nutrition-Peace Meals  |
| <input type="checkbox"/> Card Games                  | <input type="checkbox"/> Historical Education       | <input type="checkbox"/> Sewing/Quilting               |
| <input type="checkbox"/> Childcare                   | <input type="checkbox"/> Home Repair/Maintenance    | <input type="checkbox"/> SHIP (Health Ins. Counseling) |
| <input type="checkbox"/> Clerical – type/file        | <input type="checkbox"/> Hospice                    | <input type="checkbox"/> Soup Kitchen                  |
| <input type="checkbox"/> Community Events            | <input type="checkbox"/> Hospital Services          | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Computer Skills             | <input type="checkbox"/> Income Tax Assistance      | <input type="checkbox"/> Teacher's Aide                |
| <input type="checkbox"/> Conservation/Environment    | <input type="checkbox"/> Information Desk           | <input type="checkbox"/> Theater                       |
| <input type="checkbox"/> Cooking                     | <input type="checkbox"/> Intergenerational Programs | <input type="checkbox"/> Thrift Shop                   |
| <input type="checkbox"/> Counseling/Advocacy         | <input type="checkbox"/> Letter Writing             | <input type="checkbox"/> Tutoring                      |
| <input type="checkbox"/> Crocheting/Knitting         | <input type="checkbox"/> Library                    | <input type="checkbox"/> Greeter                       |
| <input type="checkbox"/> Disability Services         | <input type="checkbox"/> Meal Preparation           | <input type="checkbox"/> Transport/Escort              |
| <input type="checkbox"/> Driving-Book Delivery       | <input type="checkbox"/> Mentoring                  | <input type="checkbox"/> Tourism Information           |
| <input type="checkbox"/> Driving-Food Delivery       | <input type="checkbox"/> Museums                    | <input type="checkbox"/> Usher                         |
| <input type="checkbox"/> Driving-Meals on Wheels     | <input type="checkbox"/> Music                      | <input type="checkbox"/> Volunteer Recruitment         |
| <input type="checkbox"/> Driving-Medical Transport   | <input type="checkbox"/> Newsletters                | <input type="checkbox"/> Wheel Chair Escort            |
| <input type="checkbox"/> Food Bank                   | <input type="checkbox"/> Office Assistance          | <input type="checkbox"/> Woodworking/Carpentry         |
| <input type="checkbox"/> Foreign Languages           | <input type="checkbox"/> Photography                |                                                        |
| <input type="checkbox"/> Friendly Visitation/Elderly | <input type="checkbox"/> Public Safety              | <i>Other Interests:</i>                                |
| <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Public Speaking            | _____                                                  |
| <input type="checkbox"/> Games/crafts w/children     | <input type="checkbox"/> Receptionist               | _____                                                  |
| <input type="checkbox"/> Gardening/Environment       | <input type="checkbox"/> Recreation                 | _____                                                  |
|                                                      |                                                     | _____                                                  |

Previous Volunteer Experience: \_\_\_\_\_

### **Other Information (optional):**

**Disabilities:**     yes     no    Description: \_\_\_\_\_

**Ethnicity:**     Hispanic/Latino     Not Hispanic Latino

**Racial Group:**     White     Black/African American     Native Hawaiian/Pacific Islander  
                           American Indian or Alaskan Native     Asian

### *For Office Use Only*

Stations Assigned/Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Application Accepted by \_\_\_\_\_ Date \_\_\_\_\_