



## **Retired & Senior Volunteer Program (RSVP)**

## Live Life Passionately...Volunteer

232 Main Street Binghamton, NY 13905 Phone: (607) 729-9166

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

Name		Birth Date				
Mailing Address		City	Zip			
Phone	Cell Phone	ll PhoneEmail				
Physical/Medical Limi	tations:					
Driver's License #	State	Expiration Date				
automobile insurance p automatic and free of c	lus a small death benefit	while performing volunte are an active, enrolled as	ent, personal liability, and excess eer duties. This coverage is an AmeriCorps Seniors volunteer			
Emergency Contact		Phone	<u> </u>			
Bene	ficiary for AmeriCorps Se	niors RSVP Supplemental	Accident Insurance:			
Name		_Relationship				
Address						
Phone						

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Special Skills/Interests/Languages

Volunteer Experience (Current	, Past, Pr	eferred)			 	 
Days/Hours Available: Mon		Wed		Fri		
Mornings			Afternoon	S	 	

#### 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 Broome County Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Broome County, 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.

AmeriCorps Seniors Volunteer Signature Date Staff Signature Date

**Equal Employment Agency** – Broome County 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 Broome County RSVP at (607) 729-9166.

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### AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).

Are you a Veteran?Yes,No
Are you an active Military Member?Yes,No
Are any of your family members actively serving in the military?Yes,No
(Optional) Gender: Male Female
(Optional) Race/Ethnic Background: WhiteAsianAfrican-AmericanHispanic/Latino American Indian/Alaska Native Pacific Islander Other
Thank you for any information you have provided. Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP.
Please check all areas of interest
Community Assistance: Arts/Museum Newsletter Thrift Store Treatment Transport
Education: Library Services Literacy/GED Elementary Education Mentor Computer Skills
Health: Bone Builders Exercise Leader Food Pantry Tai Chi for Arthritis Leader Friendly Visitor Meals on Wheels
Human Service Needs: Good Morning Broome Telephone Reassurance Caller Adult Day CareGood Afternoon Broome Social Connections Telephone Caller
Management: RSVP Advisory Council Public Relations Fundraising Marketing
Public Safety: Child Advocacy Conflict Resolution Elder Advocacy Victim Assistance
Special Events: Golf Tournaments Thanksgiving Basket Project Service Projects
Skills: Data Entry Gardening Musical Instrument Singing Language

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**Catholic Charities of Broome County** 

Administrative Offices 232 Main Street Binghamton, NY 13905 607-729-9166 www.catholiccharitiesbc.org

I hereby give my consent to Catholic Charities of Broome County and its member and affiliate organizations, including its staff, to take audiovisual media (photographs/video/CD/DVD/film/online images) of myself in whole or in part; and to interview me for narrative text; and to use these images and narratives as they, in their sole discretion, consider to be of benefit to the agency or public at large.

I waive any right to inspect and/or approve the finished product that may be used here under or specific use to which it may be applied.

I further release and discharge Catholic Charities of Broome County and its member and affiliate organizations, its officers, directors, agents and employees from any claims, damages or liability of any kind or any nature relating here to.

Please print:		
Date:	Location:	
Name:		
Address:		
Signature:		
Parent/Guardian Signatu	re: (if applicable)	

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