



## **R.S.V.P. of Southern Iowa Enrollment Form**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Beneficiary: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Preferred Contact?** ☐ Home ☐ Cell ☐ Work ☐ Email

**How did you hear about RSVP:** \_\_\_\_\_

**Specialized Skills/Experience:** \_\_\_\_\_

**Education/Professional Licensure:** \_\_\_\_\_

**Local/National Club or Board Affiliations:** \_\_\_\_\_

**Interests/Hobbies:** \_\_\_\_\_

**Physical conditions to be considered in arranging your volunteer assignment?**

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**Medical information in the event of an emergency (i.e. allergies, medications, conditions):**

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Volunteer interest area:      ☐ Literacy                      ☐ Disaster Relief                      ☐ Other

Availability for Volunteer Work:

I would like to participate:      ☐ Weekly      ☐ Monthly      ☐ Occasionally

☐ Weekday Mornings      ☐ Weekday Afternoons      ☐ Occasional Evenings or Weekends

Previous Occupation(s):

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Military Veteran:   ☐ Yes      ☐ No      ☐ Active

Health/Physical Limitations:

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Certain programs require a background check. Will you approve this action?      ☐ Yes      ☐ No

**Additional Comments:**

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Racial Group:

☐ *American Indian/Alaskan Native*                      ☐ *Asian or Pacific Islander*

☐ *Black or African American*                      ☐ *Hawaiian or Pacific Islander*

☐ *Hispanic*                      ☐ *White*

Current volunteer assignments:

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**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 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 RSVP office.

**Release and Waiver:** I desire to work as a volunteer for RSVP - a program of United Way of East Central Iowa, Inc. ("RSVP/UWECI") and engage in the activities related to being a volunteer (the "Activities"). I understand that the activities may include working for a sponsored agency or, if I live in Jones County, Iowa, direct services of RSVP/UWECI.

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

**Release and Waiver:** I hereby release and forever discharge and hold harmless RSVP/UWECI 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 RSVP/UWECI.

I understand that this Release discharges RSVP/UWECI from any liability or claim that I may have against RSVP/UWECI with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the activities on behalf of RSVP/UWECI, whether caused by the negligence of RSVP/UWECI or otherwise. I also understand that RSVP/UWECI 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 RSVP/UWECI, 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 I have provided is accurate and that I have read and agree to the statements above.

I acknowledge that I have received, and will review the RSVP of Southern Iowa handbook.

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

Signature: \_\_\_\_\_

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

RSVP staff signature: \_\_\_\_\_

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

**For RSVP Office Use Only**

Data Entered: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_

Work Plan: \_\_\_\_\_

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

Completed by: \_\_\_\_\_ Completed Date: \_\_\_\_\_ 30-Day Review Scheduled: \_\_\_\_\_