



VOLUNTEER APPLICATION

Revised 7-20-16

Return Form to:
Green Mountain RSVP
160 Benmont Ave, Ste 90
Bennington, VT 05201
Or email to gmrsvp@svcoa.net

Contact Information / About You

*Name _____ Nickname _____

*Mailing Address _____

*Town _____ *County _____ *State _____ *Zip _____

Email _____ *Home phone _____

Cell Phone _____ *Date of Birth _____ Gender M F

Race White Black/African American Asian American Indian/Alaskan Native Hawaiian/Pacific Islander
Ethnicity Not Hispanic/Latino Hispanic/Latino

Are you a Veteran? Y N

Do you have a disability? Y N

Do you have any work restrictions or need any accommodations? _____

General Interests/RSVP Impact Programs

<input type="checkbox"/> Driving/Transportation	<input type="checkbox"/> Delivering Meals to Seniors	<input type="checkbox"/> Food Pantry Support
<input type="checkbox"/> Education/Mentoring kids K-12	<input type="checkbox"/> Health & Fitness	<input type="checkbox"/> VITA/AARP Tax Aide
<input type="checkbox"/> Community Advisory Board Member	<input type="checkbox"/> Red Cross blood drive support	<input type="checkbox"/> Provide Companionship to Homebound Seniors
<input type="checkbox"/> Other nonprofit support	<input type="checkbox"/> Other _____	

Experience

Volunteer Experience _____

Employment Experience _____

Skills, trades, or hobbies _____

Communication

How did you hear about us? Friend RSVP Volunteer RSVP Staff Website/Facebook
 Newspaper Radio/TV Other _____

Preference for receiving RSVP Newsletter? EMAIL MAIL/PRINT

Can we contact you for one-day-only events or short term opportunities? Y N

Are you a seasonal resident? Y N

What's your general availability? Weekdays: AM__ PM__ Weekends: AM__ PM__

SIGNATURE PAGE

BENEFICIARY for RSVP Supplemental Accident Insurance _____

Relationship _____ **Phone** _____

Is your Emergency Contact the same? Y N **IF YES, DO NOT FILL BELOW**

Emergency Contact _____ **Relationship** _____

Phone _____

AGREEMENTS AND AUTHORIZATIONS – (Initial to the left and sign at bottom)

AUTO INSURANCE AGREEMENT

_____ I understand that if I use my personal automobile driving to or on assignment with GMRSVP, I will keep in effect my own automobile insurance equal to the minimum amount required by the State of Vermont (\$50,000 bodily injury-\$50,000 property damage).

_____ I also agree to keep my driver's license current, and notify GMRSVP with any loss of coverage or licensure.

CONFIDENTIALITY AGREEMENT

Confidential information: is any information in any media which is not generally known to the public and can't be readily obtained by the general public – and includes, but is not limited to information relating to: (1) mental or physical health of an individual, (2) names and other identifying information about individuals, (3) financial details of an organization or individual, an (4) background or personal information told in confidence.

_____ I recognize that my position as a volunteer for Green Mountain RSVP requires considerable responsibility and trust. I understand that I may be entrusted with sensitive, confidential, restricted and proprietary information in the course of my volunteer work.

_____ I agree not to use or disclose any confidential information which is disclosed to me as a result of my serving as a volunteer of RSVP except as required to perform any duties. An exception to this occurs when I believe that an individual's life might be in danger. In this case, I would report my concerns to my RSVP supervisor.

VOLUNTEER AGREEMENT

_____ I understand that I'm a volunteer and not an employee of Green Mountain RSVP, Southwestern VT Council on Aging, or the volunteer station to which I've been assigned. I've been informed of the benefits and policies of GMRSVP.

_____ I also agree that RSVP may use photos of me taken while serving as a volunteer for outreach or educational purposes.

VOLUNTEER SIGNATURE

DATE

RSVP STAFF SIGNATURE

DATE

OFFICE USE ONLY

VOLUNTEER USER ID: _____ **PASSWORD:** _____

AGE VERIFIED _____ **RECEIVED HANDBOOK** _____ **ORIENTATION SCHEDULED** _____ **SIGNED JOB DESCRIPTION** _____

PRIMARY PLACEMENT _____

OTHER PLACEMENT(S) _____

FOR DRIVERS ONLY

DRIVERS LICENSE # _____ **EXP** _____ **INSURANCE CARRIER** _____