## **Evansville-Vanderburgh RSVP Volunteer Application** 504 SE 8<sup>th</sup> Street Evansville, IN 47713



504 SE 8<sup>th</sup> Street Evansville, IN 47713 812-402-3170 Phone/ 812-402-3170 Fax Angela Hammers, Program Director Email: ahammers@carverorg.org



			T-shirt Size:	·
Name:		Date:		
Address		City		7in
Sireei		City		Zip
Home Number:		Cell Phone: _ Do you use te	xt messaging?	s
Birth Date:	Are	e you a Veteran?  Yes	□No Branch:	
Gender: Male	☐ Female Are y	ou a United Stated citizer	n?∐Yes ∏No	
Race (check one)	☐African American ☐American Indian	☐Caucasian/White ☐Asian	☐Hispanic/Latino ☐Other	
Highest grade compl	eted:	School or college:		
E-Mail Address:				
Emergency Contact Name:		Relationship:		
Address:		City		Zip
Sueer		City		ΖΙΡ
List any skills, interes	ets, and abilities that woul	d assist in placement for y	your volunteer work:	
List any limitations w	hich would need to be co	nsidered for your placeme	ent (ie. no stairs, no he	eavy lifting):
Do you speak anothe	er language?	If so, what?		
Are you currently you	unteering?   TYes   TNo	If so where?		

How many years have you been providing volunteer service?
Please provide agency name, phone number and supervisor's name where you are currently volunteering.
volunteering.
What day(s) would you be available?
Mon: Tue: Wed: Thu: Fri: Sat:
Hours Available:
Means of transportation: Car Public Transportation* Friend
*METS Mobility Passes are available for those individuals who need transportation assistance getting to and from their volunteer station.*
I volunteer my services through the Evansville-Vanderburgh RSVP program and understand that I am not an employee of RSVP, Carver Community Organization or the Volunteer Work Stations where I volunteer. I further agree that if I use my personal automobile to drive to and from my volunteer station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.
Volunteer Signature: Date:

As an enrolled RSVP volunteer, you are covered by excess accident medical, excess volunteer liability and excess automobile liability insurance at no cost to you. Benefits include up to \$50,000 in medical insurance, \$1,000,000 in volunteer liability insurance and \$500,000 in excess automobile liability insurance, after any primary insurances have paid. The accident medical insurance covers you for any accidental bodily injury incurred while going to, from or during your volunteer assignment. The volunteer liability and excess automobile liability covers you during your volunteer assignment. Indiana statutes and RSVP require you to maintain the minimum coverage of vehicle insurance if using a personal automobile for transportation to and from the volunteer station.

SUPLEMENTAL ACCIDENT AND LIFE INSURANCE					
If you drive your own car to volunteer assignments, you are covered by insurance in excess of your own insurance. You are also covered for personal injury (accident) occurring during your volunteer activities. You must maintain a valid license and car insurance to be eligible for the excess automobile coverage.					
Do you drive your own car? YES NO	_ (This information required for insurance coverage)				
Driver's license number:	Expiration date:				
Insurance Company:	Policy Number:				
Expiration Date: (Office Use Comparison Date: (Office Use Date:	se: DL Reviewed? By? ) prmation for insurance purposes)				
BENEFICIARY FOR SECONDARY ACCIDENT INSURANCE (can indicate estate or an individual)					
Name:	Relationship:				
Address:					
RELEASE OF INFORMATION  I give RSVP and Carver Community Organization permission to release my picture and information about myself for use in print, broadcast and social media, news releases and other areas as determined by RSVP and Carver Community Organization.					
Volunteer Signature	Date				
AGE VERIFICATION					
Document Type: Number:	Exp. Date:				
By signing below, I certify I have personally inspected and recorded the age verification documentation for this RSVP volunteer.					
Angela Hammers, RSVP Project Manager	Date				

## WHAT ARE YOUR INTERESTS?

Please check **ALL** areas of interest to help us match your interest to volunteer opportunities. Orientation and training is provided for all volunteer services. \_\_\_\_Visitation and socialization of homebound seniors \_\_\_\_Special events (ie. United Way Day of Caring, Homeless Connect) Long-term care/nursing facility activities \_\_\_\_\_Volunteer Income Tax Assistance (VITA) \_\_\_\_Special projects (ie. holiday, veterans) \_\_\_\_Tutoring Veterans \_\_\_\_Bulk mailings \_Receptionist/Clerical \_\_\_\_Hospice \_\_\_\_Mentoring/after-school programs Alzheimer's/Dementia Patients Museum Docent \_\_\_\_Disaster services (ie. Red Cross) \_\_\_\_Food banks and pantries Homeless \_\_\_\_RSVP Advisory Council Scrapbooking \_\_\_\_Photography \_\_\_\_Crafting \_\_\_\_Driver/Delivery \_\_\_\_Cooking \_\_\_\_Teaching \_\_\_\_Youth Sports/Coaching \_\_\_Other\_\_\_\_ \_\_Other\_\_\_\_ Comments: