



**RSVP Evansville-Vanderburgh Volunteer Application**

504 SE 8<sup>th</sup> Street Evansville, IN 47713  
812-402-3170 Phone/ 812-402-3170 Fax  
Angela Hammers, Project Manager  
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T-shirt Size: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City Zip

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Do you use text messaging?  Yes  No

Birth Date: \_\_\_\_\_ Are you a Veteran?  Yes  No Branch: \_\_\_\_\_

Gender:  Male  Female Are you a United Stated citizen?  Yes  No

Ethnicity (Optional)  Hispanic/Latino  Non-Hispanic/Latino

Race (Optional):  African American/Black  American Indian or Native Alaskan  Asian  
 Caucasian/White  Native Hawaiian or Other Pacific Islander

Highest grade completed: \_\_\_\_\_ School or college: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List any skills, interests, and abilities that would assist in placement for your volunteer work:  
\_\_\_\_\_  
\_\_\_\_\_

List any limitations which would need to be considered for your placement (ie. no stairs, no heavy lifting):  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak another language?  Yes  No If so, what? \_\_\_\_\_

Are you currently volunteering?  Yes  No If so, where? \_\_\_\_\_

How many years have you been providing volunteer service? \_\_\_\_\_

Do you prefer to volunteer:  On a case-by-case basis, or  On a regular, scheduled basis

What day(s) are you available?

Monday     Tuesday     Wednesday     Thursday     Friday     Weekends

Varies    Hours Available: \_\_\_\_\_

Means of transportation:  Personal vehicle     Public Transportation\*     Other \_\_\_\_\_

**\*Bus tokens and METS Mobility Passes are available for those individuals who need transportation assistance getting to and from their volunteer station. Availability dependent upon funding.\***

I volunteer my services through the RSVP Evansville-Vanderburgh program and understand that I am not an employee of RSVP, Carver Community Organization or the Volunteer Work Stations where I volunteer. Furthermore, I give RSVP, Carver Community Organization and Senior Corps 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:** \_\_\_\_\_

Do you have any friends or family who would be interested in volunteering with RSVP?

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

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

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

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**For Office Use only:**

Document Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I have personally inspected and recorded the age verification documentation for this RSVP volunteer.

\_\_\_\_\_  
Angela Hammers, RSVP Project Manager

\_\_\_\_\_  
Date

**SUPPLEMENTAL 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 the state minimum required auto insurance to be eligible for the excess automobile coverage.**

The following information is required to be covered under the Excess Volunteer Auto Liability Insurance:

Driver's license number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**BENEFICIARY FOR SECONDARY ACCIDENT INSURANCE**

*Can indicate estate or an individual*

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

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

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

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.

\_\_\_\_\_  
Volunteer Acknowledgement

\_\_\_\_\_  
Date

## VOLUNTEER INTEREST CHECKLIST

Please check **all** areas of interest. This will help us match your interest with the various volunteer opportunities. Orientation and training will be provided for all volunteer services.

- |   |   |
|---|---|
| <input type="checkbox"/> Activities for Seniors                             | <input type="checkbox"/> Reading                                  |
| <input type="checkbox"/> Adult Literacy                                     | <input type="checkbox"/> Receptionist                             |
| <input type="checkbox"/> American Red Cross                                 | <input type="checkbox"/> Reminder calls                           |
| <input type="checkbox"/> Baking   | <input type="checkbox"/> Run errands for homebound                |
| <input type="checkbox"/> Bulk mailings                                      | <input type="checkbox"/> Scrapbooking                             |
| <input type="checkbox"/> Caregiver relief                                   | <input type="checkbox"/> Send out Christmas Cards                 |
| <input type="checkbox"/> Children and Youth Programs                        | <input type="checkbox"/> Sewing projects                          |
| <input type="checkbox"/> Christmas projects                                 | <input type="checkbox"/> Skilled care facility, visits/activities |
| <input type="checkbox"/> Clerical and filing                                | <input type="checkbox"/> Tax Assistant/Tax Prep (VITA)            |
| <input type="checkbox"/> Computer work                                      | <input type="checkbox"/> Teach Bicycle Safety                     |
| <input type="checkbox"/> Cooking  | <input type="checkbox"/> Thrift Stores                            |
| <input type="checkbox"/> Crafting   | <input type="checkbox"/> Veteran Support                          |
| <input type="checkbox"/> Deliver meals                                      | <input type="checkbox"/> Visiting & Calling homebound seniors     |
| <input type="checkbox"/> Family Engagement                                  | <input type="checkbox"/> Volunteer Support                        |
| <input type="checkbox"/> Financial Literacy                                 | <input type="checkbox"/> Work with Animals                        |
| <input type="checkbox"/> Food Drives/Collections                            | <input type="checkbox"/> Work with Disabled Individuals           |
| <input type="checkbox"/> Food Pantry Support                                | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Grocery shopping                                   |   |
| <input type="checkbox"/> Hand address envelopes                             |   |
| <input type="checkbox"/> Hospice  |   |
| <input type="checkbox"/> Landscaping  |   |
| <input type="checkbox"/> Make hospital visits                               |   |
| <input type="checkbox"/> Makeovers/manicures for seniors                    |   |
| <input type="checkbox"/> Mentor a child/Tutoring                            |   |
| <input type="checkbox"/> Military History                                   |   |
| <input type="checkbox"/> Museum host or guide                               |   |
| <input type="checkbox"/> Provide transportation for<br>homebound & Veterans |   |

**I would be interested in learning more  
about volunteering at:**

- Hope of Evansville
- Evansville Wartime Museum
- Lincoln School (EVSC)
- U.N.O.E.
- \_\_\_\_\_