



United Way of Lackawanna & Wayne Counties

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

Computer Entry: ___/___/___

By: _____

RSVP of LACKAWANNA, LUZERNE AND LUZERNE COUNTIES

ENROLLMENT FORM

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

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Are you a Veteran? Yes No **Physical/Medical Limitations:** _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes No

If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License # _____ State _____ Expiration Date _____

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? **Yes** **No**

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes No

As a volunteer of RSVP, you will be covered by accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:

Emergency Contact _____ **Phone** _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ **Relationship** _____

Address _____ **Phone** _____

Employment Experience _____
Special Skills/Interests/Languages _____
Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon___ Tues___ Wed___ Thu___ Fri___ Mornings___Afternoons___

Please indicate if RSVP may have permission to use your likeness?

I hereby grant RSVP of Lackawanna, Luzerne and Wyoming Counties permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by RSVP of Lackawanna, Luzerne and Wyoming Counties in perpetuity. I will make no monetary or other claim against RSVP of Lackawanna, Luzerne and Wyoming Counties for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to RSVP.

Certifications

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 the Lackawanna, Luzerne and Wyoming Counties Retired and Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, United Way of Lackawanna & Wayne Co., Lackawanna County, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer 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.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Pennsylvania. I will also keep in effect a valid Pennsylvania Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency - RSVP is an Equal Opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. 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 RSVP of Lackawanna, Luzerne and Wyoming Counties at (570)-343-1267.

Return completed registration to: **RSVP**
(Original Signatures Required on the Form) c/o United Way
615 Jefferson Avenue
Scranton, PA 18510

For Questions contact:
Diane Brown 570-343-1267

1. RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

(Optional) Gender:

(Optional) Race/Ethnic Background:

_____ Male

___ White ___ Asian ___ African-American ___ Hispanic/Latino

_____ Female

___ 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 RSVP of Lackawanna, Luzerne and Wyoming Counties or the Corporation of National and Community Service.