

NORTHEAST IOWA RSVP VOLUNTEER PROGRAM



202 WINNEBAGO STREET, DECORAH 52101 563-382-3717

RSVP Volunteers must be age 55 or older. Please complete the following application to help us find the best placement for you. This information will be kept confidential; only pertinent information will be provided to non-profit agencies where you are interested in volunteering.

Name: _____

Birthdate: _____ 19____ **Age:** _____ **Male** _____ **Female** _____

PO Box: _____ **Street:** _____ **City:** _____ **Zip:** _____

County of residence: _____ Allamakee _____ Howard _____ Winneshiek **Other:** _____

Home phone: _____ **Cell Phone:** _____

E-mail: _____ @ _____

Best way to contact you: _____ Home phone _____ Cell Phone _____ email _____

Ethnicity: _____ Non-Hispanic or Non-Latino _____ Hispanic or Latino

Racial Group _____ White _____ American Indian or Alaskan Native _____ Asian
_____ Black or African American _____ Native Hawaiian or Pacific Island

Education: _____ High School _____ Trade or Community College _____ College _____
Degree

Are you a military service Veteran? _____ Yes _____ No **Spouse of a Veteran?** _____ Yes _____ No

Please tell us about past or current employment and/or volunteer experiences:

What do you hope to gain personally by volunteering through the RSVP program?

What skills would you like to share with a non-profit agency?

Rate your computer skills: _____ None _____ Minimal _____ Moderate _____ Advanced

In which county would you like to volunteer? _____ Allamakee _____ Howard _____ Winneshiek

Which town would you like to volunteer? _____ **Non-profit agency:** _____

SWAT Team: Would you like to be called for special one-time events? _____ Yes _____ No

NE Iowa RSVP provides reasonable accommodations for qualified candidates upon request.

Age you prefer working with: _____Any age _____Adults _____Young Adults
Children: ___Preschool ___Elementary ___Middle ___High School
Are you interested in helping: ___Persons with disabilities _____Persons who do not speak English

Have you ever been found guilty of **child or adult abuse**? Yes No

Have you been convicted of a felony? Yes No Explain on separate sheet

Note: Your name will be checked on the Department of Justice National Sex Offender Public Website. If your name comes up as a convicted sex offender, you will be contacted by the RSVP staff for clarification. Convicted sex offenders cannot serve as a RSVP volunteer.

Emergency Contact: Please provide us with a person to contact in an emergency:

Name: _____ Relationship _____

Home Phone _____ Work Phone: _____ Cell Phone _____

Beneficiary: Supplemental volunteer insurance and accident life insurance coverage is provided at no cost to RSVP volunteers and only applicable for RSVP referred activities.

My beneficiary for this policy would be: ___My estate Other: _____

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

() I hereby grant Northeast Iowa RSVP 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 Northeast Iowa RSVP in perpetuity. I will make no monetary or other claim against RSVP for the use of these photograph(s), video(s).

() Please check with me before using my likeness.

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

By signing below, I acknowledge the information provided is accurate and 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 Northeast Iowa RSVP. I understand that I am not an employee of Northeast Iowa RSVP, Decorah Public Library, City of Decorah, State of Iowa or the federal government and agree to serve without compensation.

I understand 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 Iowa law. I will also keep in effect a valid driver's license.

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.

Volunteer Signature: _____ Date: _____

RSVP Director: _____ (7-16) Date: _____