

Senior Services



Southwest
Michigan

Return To:

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Senior Services of Southwest Michigan
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Volunteer Application – RSVP (55 & older)

Date _____

Name _____ Phone _____ Male ___ Female ___

Mailing Address _____ Birth Date _____

City _____ State _____ Zip _____

E-mail Address _____

How did you hear about our volunteer opportunities? _____

What volunteer opportunity or service area are you interested in? _____

I do ___ do not ___ give permission for my name and photograph to be used by Senior Services for publicity.

Marital Status Divorced ___ Married ___ Never Married ___ Single ___ Widowed ___**Race and Ethnic Background** American Indian/Eskimo/Aleut ___ Asian/Pacific Islander ___

Black ___ White ___ Multi-Racial (indicate) _____

Are you Hispanic? Yes ___ No ___

Primary Means of Transportation to Volunteer Activity (check one)

Use Own Car ___ Bus ___ Van Service ___ Walk ___ Other Driver ___

Driver's License Number _____ Expiration Date _____

Employment and Volunteer Experience

Are you employed? Yes ___ No ___ Current Employment _____

Are you retired? Yes ___ No ___ Last Place of Employment _____

Are you a Veteran? Yes ___ No ___ Education/Training _____

Previous Volunteer Service _____

Current Volunteer Service _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

In case of an emergency, do you authorize emergency treatment? Yes ___ No ___

Beneficiary for Accident Insurance

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

Office Use Only Orientation Date _____ Placement Details _____

Signature of Staff _____

PLEASE SEE OTHER SIDE

References

List 2 references (other than relatives) who have known you for at least 2 years.

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Have you ever been convicted of a felony and/or misdemeanor? Yes _____ No _____. If yes, please explain

Volunteer Auto Safety Certification

Driving Record

Answer by marking Yes or No.

Yes _____ No _____ Are you currently a licensed driver? A copy of your license will be kept on file.

Yes _____ No _____ Do you currently carry, on the personal vehicles you drive for volunteering, at least the State of Michigan required minimum auto insurance coverage for Personal Liability/Property Damage?

Yes _____ No _____ Have you received a ticket for any driving violations (parking tickets are not included) in the past 2 years? (If yes, explain the nature of the ticket(s) and attach to this form.)

Agreement to Notify of Driving Events

I agree to immediately inform _____ the RSVP Director _____ if my driver's license is suspended or revoked, or if I have *Driving Under the Influence* or *Driving While Intoxicated* charges pending or other charges pending that might jeopardize the legality of my driving status.

I must also notify _____ the RSVP Director _____ if my personal auto insurance is cancelled or not renewed. These notifications are required even if the offenses are not related to my volunteer work for Senior Services. This information will not be released to unauthorized persons.

Traffic Laws

I agree to follow all traffic laws, observe speed limits, and operate vehicles in a safe manner.

Seat Belt Usage

I agree to transport persons only in the passenger seats equipped with appropriate seat belts. I agree to require seat belt usage at all times. This rule does not apply in buses that are not outfitted with seat belts.

Safe Vehicles

I agree to transport persons only in vehicles that are in safe operating condition.

I have truthfully and accurately responded to the questions above. I understand that:

- I am authorizing a check of references supplied by me and confidential criminal history checks to be conducted on me by Senior Services whether I am a current volunteer or an applicant.
- If I utilize my personal vehicle in the performance of my volunteer duties, my driving record will be requested from the Michigan Department of State.
- I must provide a copy of my driver's license and/or government issued identification card with this application to allow Senior Services to conduct confidential criminal history and driving record checks.
- I will notify my supervisor and Volunteer Services Manager if any of the Auto Safety Certification driving events listed above occurs.

Signature _____ Date _____

No person on the basis of race, color, national origin, sex, religion, age, disability, political affiliation, education, or experience shall be excluded from membership or benefits of RSVP.

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