



Either print blank document to fill out or fill in document, print, and sign. Then mail to
RSVP
Rocky Mountain Development Council
PO Box 1717
Helena, MT 59624

RSVP Volunteer Enrollment Form

Please print and complete all sections.

Date: _____ Name: _____ Birth date: _____

Street Address: _____ City _____ ST: _____ Zip _____

Mailing Address: _____ City _____ ST: _____ Zip _____
(If different than above)

County: _____

Phone: _____ Cell: _____ Work: _____

Email address:

How did you learn about RSVP?

Physical/Medical Limitations:

Emergency Contact: _____ Phone: _____

Employment Experience:

Do You Have Transportation? Yes No

Skills/Interests/Languages:

Volunteer Experience:

Preferred volunteer assignment:

Days/Hours Available: _____ A.M. or P.M.

Would you like to be included on our Special On-Call List?

On-Call list are for volunteers who want volunteer opportunities that last 1-5 days, are sporadic in nature and vary in the type of volunteer work offered. Yes No

Permission to release information/photo:

I give the Tri-County RSVP Program permission to release phone number and address to a volunteer site. _____ (please initial) I give my permission to RSVP to publish and/or use my photograph in marketing/advertisement materials and/or website use: _____ (please initial)

Automobile Liability Insurance:

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. _____ (please initial)

Beneficiary Information for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Confidentiality Clause:

- I, the undersigned, understand the need for confidentiality in my position as a volunteer with the Retired and Senior Volunteer Program.
- I certify that all program required, privileged, or personal information about clients served, other volunteers or workstation sites will be treated as confidential information.
- No volunteer may divulge any information about any recipient of services provided by the workstation.

Failure to adhere to this policy is cause for termination.

Confidential information may be shared **only** with the volunteer's immediate supervisor.

I volunteer my services to a non-profit site through the RSVP Program. I understand that I am not an employee of that site, or RSVP or of Rocky Mountain Development Council. I understand that I am insured through the Volunteer Insurance provided to me through RSVP and I am not eligible for Worker's Compensation.

Signature of Volunteer

Date

Signature of RSVP Staff

Date

RSVP Volunteer Disclosure of Information Form

The collection of personal information on volunteers is essential to the provisions of services at Rocky Mountain Development Council (RMDC). Information is collected and stored in the agency Central Database System and not used in the application process. Only RMDC and its funding sources access this information.

HOUSEHOLD INFORMATION

NAME:			RELATIONSHIP	BIRTH DATE	SEX	RACE	ETHNIC	TRIBAL MEMBER	VETERAN	DISABLED	HEALTH INSURANCE (Check all that apply)	EMPLOYMENT STATUS
LAST	FIRST	MI										
1.			SELF									
2.												
3.												

SEX CODES

F = Female
M = Male

RACE CODES

N = Native American/Alaskan
A = Asian or Pacific Islander
B = Black – Not Hispanic
H = Hispanic

ETHNIC CODES

H = Hispanic/Latino
N = Non Hispanic/Latino
O = Other
U = Unknown
W = White – Not Hispanic

EMPLOYMENT STATUS

N = Not Employed
F = Full-Time Employment
P = Part-Time Employment
R = Retired/Not Working

Housing Type: Multi family Single Family Mobile Home

Rent or Own Home: Rent Own

Marital Status: Married Single Widowed Divorced

I certify that all my answers are correct and complete to the best of my knowledge, including information about each household member.

SIGNATURE _____ DATE ____/____/____