



AmeriCorps
Seniors

TRI- COUNTY RSVP ENROLLMENT FORM

Please print and complete all sections.

Forms with original signatures are required for enrollment.

Name: _____ Birthdate: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Cell Phone: _____
E-Mail: _____
Are you a Veteran? (Y/N): _____ Any Physical/Medical Limitations? (Y/N) _____
If yes, please detail: _____

Have you ever been convicted of a criminal offense or misdemeanor? (Y/N) ___N___ 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: _____

Tri-County RSVP does not provide mileage reimbursement.
As a volunteer of RSVP you will be covered by secondary accident and liability 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:* _____

Your Employment Experience: _____
Special Skills/Interests/Languages: _____
Volunteer Experience (Current and Past preferred): _____

Days and Hours Available: _____

Please indicate if RSVP may have permission to use your likeness.
[] I hereby grant Tri-County RSVP permission to use my likeness in photograph/video media, in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by Tri-County RSVP in perpetuity. I will make no monetary or other claims against Tri-County RSVP for the use of the photographs(s) / video(s).

[] I do not give permission to use my likeness in any form of media to Tri- County 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 Tri- County Retired Senior Volunteer Program. I understand that I am not an employee of Tri- County RSVP, the sponsor (Rocky Mountain Development Council, Inc.) , 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 in contact with confidential information, and agree to protect this information to the best of my ability, and agree to not disclose it at any time during or after my service has ended.
- I understand that if I use my personal automobile during my volunteer service, I will arrange to keep in effect automobile insurance equal to, or greater than the requirements of the state of Montana. I will also keep and maintain a valid state driver’s license.

RSVP Volunteer Signature: _____ Date: _____

RSVP Staff Signature: _____ Date: _____

Equal Employment Agency

Tri- County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, sexual identity, age, or disability. Tri-County RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act (ADA). For accommodation information or if you need special accommodations to complete the application process, please contact Tri-County County Staff at (406) 457-7319 or e-mail us at slynde@rmdc.net

Return Completed Registration to:

Tri- County RSVP
P.O. Box 1717
Helena, MT 59624

**The Following Information is optional and will not affect your enrollment with
Tri-County RSVP**

Occasionally Tri-County RSVP will purchase volunteer recognition gifts for volunteers. Please share the size you would use on each item below (XS, S, M, L, XL, XXL, XXXL)

Jacket or Vest _____

Sweatshirt or T-Shirt _____

Tri-County RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information: (Optional):

Are you active military? Yes _____ No _____

Are any of your family members Active Duty Military? Yes ____ No _____

Optional Gender: Male: [] Female: []

Optional: Race/Ethnic Background:

White: _____ Asian: _____ African American: _____ Hispanic Latino: _____

American Indian: _____ Alaskan Native: _____ Pacific Islander: _____ Other: _____

Thank you for any information you have provided. Your information is never sold, shared, or used outside Tri-County RSVP, Rocky Mountain Development or the Corporation of National and Community Services.

01/07/2021