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**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) \_\_\_\_\_\_\_\_\_ 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 mbruhn@rmdc.net

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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 \_\_\_\_\_\_

Hat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

01/01/2020