



# Volunteer Application



## Volunteer Information

Full Name		
Other name (maiden)		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
E-Mail Address		
Birth Date (mm/dd/yyyy)		
Drivers License (DL) #		
DL Expiration Date		
DL State issued		
Auto Insurance Co.		
Are you a year round resident?	<input type="checkbox"/>	yes
	<input type="checkbox"/>	no

## Person to Notify in Case of Emergency

Name	
Home Phone	
Relationship to you	

## Insurance Beneficiary (We carry \$2,500 Accidental Death Policy for eligible volunteers.)

Name	
Street Address	
City, State, Zip	
Home Phone	
Relationship to you	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Federal Diversity Reporting Requirements. (The following information is for statistical purposes only. Providing this information is voluntary.)**

Race:  White  Black  Hispanic  Asian  Pacific Islander  American Indian/Alaskan native

Ethnicity:  Hispanic/Latino  Non Hispanic/Latino

Gender:  Female  Male Are you a veteran?  Yes  No

Marital Status:  Married  Single  Widowed

**Other:** Please let us know if you require any accommodations under the **Americans with Disabilities Act**

**Agreement and Signature – *Please read carefully***

- 1.** I understand that registration with a particular agency does not restrict my choice of volunteer jobs: I am free to accept or reject any placement offered me.
- 2.** The job that I plan to do for the station that I am assigned to has been explained to me, and I understand that I will receive further instruction directly from the station as to the requirements and expectations of the job.
- 3.** I understand that I am not an employee of Aging Matters in Brevard and am not covered by Workers Compensation Insurance, and further, not an employee of the volunteer station, the Corporation (CNCS) or the Federal Government.
- 4.** I understand that a criminal offense will not automatically exclude me from a volunteer position; however, certain convictions will exclude me from volunteering in some positions. I understand that information on this application will be held confidential by RSVP and Aging Matters in Brevard.
- 5.** RSVP members who drive their personal vehicle to or on an assignment or project-related activities shall maintain personal automobile liability insurance.
- 6.** For the purpose of enabling Aging Matters in Brevard and or its representatives to conduct a background investigation to qualify me for volunteering, I authorize Aging Matters in Brevard and its representative to obtain information from law enforcement concerning my conduct and criminal history. Pursuant to this authorization, I hereby unconditionally release Aging Matters in Brevard and those persons or organizations contacted from all legal liability as the result of such contact.
- 7.** I do / I do not give my permission for photographs to be used, without compensation, for publicity and news media purposes, in connection with Aging Matters in Brevard, and its funding sources.
- 8.** I have received my volunteer assignment: YES      NO

**Signature**

**Date**

**After signing, please mail this form to the following address:**

Aging Matters in Brevard  
RSVP  
3600 W. King St., Suite 6  
Cocoa, FL 32926  
321-631-2749 / Fax: 321-636-8446

**RSVP Staff Only**

VID Assigned

SIDs Assigned

RSVP Signature and Date



## RSVP FACT SHEET

### Background

Nearly 50 years ago, President John F. Kennedy established a national commitment to volunteer service. In 1974, The Retired and Senior Volunteer Program of Brevard was organized. In 1994, President Clinton signed legislation creating the Corporation for National and Community Service, bringing the full range of domestic community service programs under one central organization. As a Retired and Senior Volunteer Program (RSVP) volunteer, you are continuing this legacy of service known as Senior Corps. Today, Senior Corps volunteers number over 500,000 nationally and are the largest mobilization in our country of individuals 55 and older making a difference in communities all across the United States.

In Brevard County, our sponsoring agency is Aging Matters in Brevard (formerly known as Community Services Council of Brevard, Inc), a 501(C) 3 charitable non-profit organization that also administers other programs for senior services and referrals.

### Mission

RSVP recruits and places boomers and seniors age 55 and older in volunteer positions where the impact on the community is measurable and where the volunteer will know they have made a difference. RSVP Volunteers provide services that utilize their own talents and interests, and present their communities with a rich array of options for addressing the full spectrum of community needs.

### Program Description

RSVP members serve part-time with days and hours agreed upon between themselves and the volunteer coordinator at the non-profit organization and/or federal, state, county or city agency of the volunteer's choice. These are entities where RSVP has agreed to help recruit volunteers.

### Who is Served

We provide volunteers with many opportunities from which to choose, serving people of all ages. Volunteers provide invaluable assistance to individuals and families with a variety of special needs including frail and elderly seniors, people with disabilities, at-risk youth, children and adults who are unable to read, and seniors without transportation.

### Impact

We are glad you have chosen to join RSVP of Brevard. Whether you serve two hours per week or twenty, your generous donation of your time, skills and experience makes a critical difference in our community.



## VOLUNTEER INSURANCE

Volunteers who are properly registered with RSVP and who report their volunteer hours each month, are covered through an "excess" accident policy while performing duties described in your job description. This policy is provided through the CIMA Companies, Inc.

### EXCESS ACCIDENT MEDICAL COVERAGE

This coverage is in excess of Medicare, Medicaid, and any other insurance that you have in place. The excess accident medical coverage will pay up to \$25,000 for medical treatment, hospitalization and licensed nursing care required as a result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. Initial medical expenses must be incurred within 60 days of the accident. This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damages as a result of a covered accident.

Accidental death and dismemberment coverage is also provided. This benefit pays \$2,500 for death or loss of a limb or sight, occurring within one year as a result of a covered accident.

### EXCESS VOLUNTEER LIABILITY INSURANCE

All registered volunteers (collectively) of the organization are provided with excess volunteer liability insurance at a limit of \$1,000,000 per occurrence (subject to an annual aggregate for each named organization). This policy provides protection if you are liable for bodily injury or property damage arising out of the performance of your duties. This coverage is in excess of and noncontributing with any other valid and collectible insurance you may have.

### EXCESS AUTOMOBILE LIABILITY INSURANCE

This coverage provides an extra layer of protection for you as a registered volunteer driver while performing your duties. This insurance applies only after your own insurance is exhausted of the policy's retention has been exceeded. You are protected for bodily injury or property damage claims arising out of your activities. The policy is written at a combined single limit of \$500,000 each accident.

**It is important to remember you must maintain your own auto liability coverage at least equal to the state required minimums. This coverage does not apply to any damage to your vehicle.**