



Enrollment Record

Photo i.d. examined by: _____

Date examined: _____

Date: _____

Date received by RSVP staff.

Please circle: Mr. / Mrs. / Ms. **Name:** _____

Date of Birth: _____

You must be at least 55 years of age to be an RSVP volunteer.

Race(s)*: _____

Are you Hispanic*? Yes No

*Race and ethnicity are both requested by the Corporation for National and Community Service (CNCS), a Federal agency which awards grant funds to City of Lawton RSVP. Statistical information is provided CNCS periodically. No volunteer names or SSANs are attached to this information.

Social Security Account Number: _____ - _____ - _____

SSAN is needed to establish your City of Lawton vendor account in order for you to receive Volunteer Travel payments.

Home Telephone: (____) _____ - _____
Area code

Cell / Alternate Telephone: (____) _____ - _____
Area code

Mailing Address: _____
Street or PO Box City State Zip Code + 4

Email Address, if applicable (please print clearly): _____

MILITARY VETERAN? Yes No ARMY MARINE CORPS NAVY AIR FORCE COAST GUARD
Circle all US Armed Forces service branches that apply.

Total years served? _____ **From when to when?** _____ **Combat vet?** _____
List: WWII, Korea, Vietnam, Gulf War I, etc.

Do you have family members presently serving in the military? Defined here as any immediate family member – including those who may now be deceased – who is or was a veteran of the US Armed Forces and who is or was related to you by blood, marriage or adoption. Circle all that apply and tell how many per category:

Parent ____ Spouse ____ Children ____ Stepchildren ____ Siblings ____ In-laws ____

Physical Limitations (please explain): _____

Years of Education: *Elementary* ____ *High School* ____ *College* ____ *Advanced Degree* ____

Previous Work Experience / Skills: _____

Previous Volunteer Experience: _____

Time Available: Which days: _____ a.m. hours: _____ p.m. hours: _____

Hobbies, Interests and Talents: _____

Do you own a car? Yes ____ No ____ Will you be driving yourself? Yes ____ No ____

If yes to the previous question, do you plan to claim travel reimbursements? Yes ____ No ____

You must initially provide and then maintain with City of Lawton RSVP a copy of your current Driver's License and Proof of Vehicle Insurance for every vehicle you drive if you plan to claim Volunteer Travel reimbursements.



**AmeriCorps
Seniors
Lawton RSVP**

IN CASE OF EMERGENCY

Person to Notify: _____ Relationship to you: _____

Physical Address of Emergency Contact: _____
Street City State Zip Code + 4

Telephone Number of Emergency Contact: (_____) _____ - _____
Area Code

Volunteer's Signature and Date

DESIGNATION OF BENEFICIARY FOR RSVP ACCIDENT INSURANCE

Name: _____ Relationship: _____

Beneficiary Mailing Address: _____
Street or PO Box City State Zip Code + 4

Beneficiary Telephone Number: (_____) _____ - _____
Area Code

IF SENIOR VOLUNTEER DRIVES A CAR

Senior Volunteer Insurance Statement

If I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limit as required by the State of Oklahoma. I also understand that I volunteer my services through the City of Lawton RSVP and understand that I am not an RSVP employee.

Volunteer's Signature and Date

Volunteer Recommended by



Permission to Conduct National Sex Offender Public Website (NSOPW) Search

I hereby give permission for City of Lawton (COL) RSVP staff to conduct a NSOPW search on me.

I understand that this search will be conducted on all names and aliases by which I have been known, and will span all 50 US States, the District of Columbia, all US territories and all of Indian Country.

If I do not give COL RSVP permission to conduct a NSOPW search on me, then I understand that I may NOT volunteer with COL RSVP.

Initial your choice below:

Date initialed: _____

_____ **Yes** _____ **No**

I have been known by the following names (to include maiden) and aliases, and I pledge this to be an all-inclusive list:

Your signature below acknowledges that you have read, understand, and will adhere to the policies stated above.

Printed Name

Signature

Date

Date

COL RSVP Administrator
(580) 581-3408



AmeriCorps
Seniors
Lawton RSVP

City of Lawton RSVP

1405 SW 11th Street
Lawton, OK 73501-7304
(580) 581-3408

MEDIA RELEASE

For Print, Broadcast and/or Electronic/Digital Media

I **do / do not** (circle and initial above your choice) give permission for my name, photograph and/or quotations to be used for promotional and/or informational purposes by City of Lawton RSVP.

Signature _____

Printed Name _____

Address _____

Email _____

Phone _____

Date _____

In the event of my death, City of Lawton RSVP **may / may not** (circle and initial above your choice) print my name in an *In Memoriam* section of the City of Lawton RSVP newsletter and/or in the City of Lawton RSVP Volunteer Recognition Banquet program.

This authorization remains in effect until I withdraw my consent in writing.

Initials _____



Volunteer Confidentiality Agreement

To be in compliance with City of Lawton (COL) RSVP policies and procedures and to respect the privacy of each COL RSVP volunteer station volunteer and/or client, confidentiality of information is of primary importance.

Persons who receive or process written or verbal information for their COL RSVP volunteer station and its clients are advised that all such information is strictly confidential.

No information relative to the participants enrolled in any COL RSVP volunteer station shall be discussed or released by any volunteer or staff member of COL RSVP unless authorized by the COL RSVP Director and COL RSVP Station Supervisor.

All records are confidential and should be kept in a secure location.

At no time should records be available for public access.

No volunteer or staff member of COL RSVP is to use information obtained through COL RSVP program files or COL RSVP volunteer station files for his or her own use. This includes not discussing volunteer station volunteers, clients and/or their families, except when it is clearly related to COL RSVP volunteer station service.

Upon concluding my volunteer service with COL RSVP, I hereby agree to return all COL RSVP volunteer station client records that I have obtained in connection with my volunteer responsibilities. Further, I agree to keep confidential all information contained in those records to which I had access during my tenure with COL RSVP.

Any individual that violates this confidentiality will be subject to immediate dismissal.

Your signature below acknowledges that you have read, understand and will adhere to the policies stated above.

Printed Name

Signature

Date

Date
COL RSVP Administrator
(580) 581-3408

Copy of Photo ID