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| FOR OFFICE USE ONLY |
| Station(s) _____ |
| Assignment(s) _____ |
| Date Assigned: _____/_____/_____ |
| Computer Entry: _____/_____/_____ |
| By: _____ |

Davis County RSVP Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ ZIP _____

Phone _____ Cell Phone _____ Email _____

This section is optional

Male _____ White _____ Asian _____ African-American _____ Hispanic/Latino _____
 Female _____ American Indian/Alaska Native _____ Pacific Islander _____ Other _____

Are you a Veteran Yes _____ No _____ Are you an active Military Member Yes _____ No _____
 Are **Any** of your family members **actively** serving in the military Yes _____ No (If yes how many _____)

Physical/Medical Limitations: _____

Special skills/Interests/Languages _____

Volunteer Interest _____

Availability: Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Mornings _____ Afternoons _____

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes _____ No _____ **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.

| | |
|--|-----------------------------------|
| RSVP provides mileage reimbursement for travel between your home and the volunteer site. | |
| Will you be claiming a mileage reimbursement? | Yes _____ No _____ |
| If Yes, is a copy of your proof of auto insurance showing active coverage attached? | Yes _____ No _____ |
| Driver's License # _____ | State _____ Expiration Date _____ |

As an RSVP volunteer, you will be covered by accident and personal 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 _____

Relationship _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Relationship _____

Address _____ Phone _____

How did you hear about RSVP? _____

Please indicate if RSVP may have permission to use your likeness? (check one)

I hereby grant Davis County RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by RSVP of Davis County in perpetuity. I will make no monetary or other claims against RSVP of Davis County for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Davis 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 Davis County Retired & Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, Davis county, the volunteer station, or the Federal Government and agree to serve without compensation.
- I understand that I may come into contact with confidential information in my capacity as an RSVP volunteer. I agree to protect this information to the best of my ability and not disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum requirements of the state of Utah. I will also keep in effect a valid Utah Driver's License.
- I acknowledge that I have received a copy of the Davis County Volunteer Handbook and understand it. I understand that it is my responsibility to read through it and ask for clarification from RSVP staff if needed.

RSVP volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency - Davis County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Davis County RSVP.

Return completed form to : Davis County RSVP
42 S State
Clearfield, UT 84015

For questions contact:
801-525-5094 or 801-525-5052
jmsmith@co.davis.ut.us
jwhitesides@co.davis.ut.us