



AmeriCorps
Seniors

INCA COMMUNITY SERVICES, INC.

INCA-RSVP (Retired & Senior Volunteer Program)

AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM

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

Name:				Birth Date:	
Mailing Address:		City/ State:		Zip:	
E-mail:		Phone:		Cell:	
Best way to contact: (Select all that apply)		<input type="checkbox"/> Home phone <input type="checkbox"/> Cell (Call) <input type="checkbox"/> Cell (Text) <input type="checkbox"/> E-mail			
Physical/Medical Limitations:		Are you a Veteran?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been convicted of a criminal offense or misdemeanor? *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.*

☐ Yes

☐ No

Driver's License #:		State:		Expiration Date:	
If Yes, is a copy of your proof of auto insurance showing active coverage attached?					<input type="checkbox"/> Yes <input type="checkbox"/> No

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by accident, personal liability, and excess automobile 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 as an AmeriCorps Seniors volunteer in RSVP. Please provide the following information.

Emergency Contact:		Phone:	
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BENEFICIARY FOR AMERICORPS SENIORS RSVP SUPPLEMENTAL ACCIDENT INSURANCE:

Name:		Relationship:	
Address:		Phone:	

FOR OFFICE USE ONLY!

Station(s): _____ Assignment(s): _____

Date Assigned: _____ Volunteer Reporter Entry: _____ By: (Staff) _____

VOLUNTEER INTERESTS & AVAILABILITY	
Employment Experience:	
Special Skills/Interests/Languages:	
Volunteer Experience: (Current, Past, Preferred)	
Days/Hours Available:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons

Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness?	
<input type="checkbox"/>	I hereby grant INCA-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 AmeriCorps Seniors INCA-RSVP in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors INCA-RSVP for the use of these photograph(s)/video(s).
<input type="checkbox"/>	I do not give permission to use my likeness in photograph(s)/video(s) to INCA- RSVP.

CERTIFICATIONS	
<p><u>By signing below, I acknowledge that I have read and understand the following statements:</u></p> <ul style="list-style-type: none"> I hereby state that I am 55 years of age or older and offer my services as a volunteer for the INCA-RSVP. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, INCA-RSVP, the volunteer station or the Federal Government and agree to serve without compensation. I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to 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 or greater to the minimum requirements of the state of Oklahoma. I will also keep in effect a valid Oklahoma Driver's license. 	
AmeriCorps Seniors Volunteer Signature	Date
Staff Signature	Date

<p>Please return completed registration to: INCA-RSVP PO Box 68 Tishomingo, OK 73460</p>	<p>For questions contact: INCA Community Services, Inc. (580)371-2352 rsvp@incacaa.org</p>
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ADDITIONAL VOLUNTEER INFORMATION

The following information is **optional** and will not affect your enrollment with INCA-RSVP

AmeriCorps Seniors RSVP is often asked to provide demographic information pertaining to volunteers. Please provide the following information (OPTIONAL).

Are you a Veteran? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active Military Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are <u>any</u> of your family members actively serving in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Non-Binary
Race/Ethnic Background:	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latino American <input type="checkbox"/> Other <input type="checkbox"/> Indian/Alaska Native
Limited/Low Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive other INCA Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which show of appreciation would mean the most to you? (Check all that apply)

<input type="checkbox"/> Specially arranged meals	<input type="checkbox"/> Gifts	<input type="checkbox"/> Certificates
<input type="checkbox"/> Logo wear	<input type="checkbox"/> Being chosen as the volunteer of the month	<input type="checkbox"/> Being highlighted on social media/website/newspaper
<input type="checkbox"/> Other (Make suggestion) _____		

Occasionally INCA-RSVP will purchase logo wear for AmeriCorps Seniors volunteers. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Shirt		Vest		Jacket	

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of AmeriCorps Seniors RSVP, INCA-RSVP County government or AmeriCorps Seniors.

Equal Employment Agency - INCA Community Services is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps 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 INCA-RSVP (580)371-2352