

*Diakon Community Services | AmeriCorps Seniors RSVP, serving Clinton, Lycoming, Union, Snyder, & Northumberland*

### Volunteer Enrollment Form

**Please print and complete all sections.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Apartment/Suite/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Equal Employment Agency – AmeriCorps Seniors and Diakon are an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps Seniors RSVP and Diakon 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 Chris Barton Program Manager (570) 419-7858.

Physical/Medical Limitations: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Race/Ethnic: \_\_\_\_\_  
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  
Thank you for any information you have provided. Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP.

Do you give permission for RSVP to preform state or driving background checks? ☐ Yes ☐ No  
Have you ever been convicted of a felony? ☐ Yes ☐ No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apartment/Suite/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

Special Skills/Interests/Hobbies/Languages: \_\_\_\_\_

Volunteer Experience (Current, Past, Preferred): \_\_\_\_\_

**Please check your availability:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

**Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness?**

- ☐ I hereby grant AmeriCorps Seniors RSVP and Diakon 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 RSVP and Diakon in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP and Diakon for the use of these photograph(s)/video(s).
- ☐ I do not give permission to use my likeness in photograph(s)/video(s) to AmeriCorps Seniors RSVP and Diakon.

**Certifications**

By checking the boxes and 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 Retired and Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, the County, 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 Pennsylvania. I shall keep in effect a valid State Driver's license.
- ☐ I understand that RSVP volunteers are prohibited from unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of RSVP facilities, events, assignment location and/or that of any RSVP affiliate site.
- ☐ I acknowledge that I have been given a Volunteer Handbook and will follow the RSVP volunteer code of conduct and other policies as outlined in the Volunteer Handbook.

***I affirm that the facts set forth in the application are true and complete. I understand that any false statements, omissions, or other misrepresentation on this application may result in immediate dismissal.***

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RSVP Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Thank you for completing this application form and for your interest in volunteering with us.***

Please feel free to call with any questions. Return this form to the  
Diakon Community Services | AmeriCorps Seniors RSVP appropriate representative, by email or mail.

**Program Manager**  
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**Program Manager**  
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