



Volunteer Enrollment Form

RSVP of Columbia and Montour Counties

Please Print

Name: _____ Date: _____

Birth Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

May we text you? Y/N How would you prefer us to contact you? Email: ☐ Cell Phone: ☐ Home Phone: ☐

Are you a veteran of the military? Y/N

Emergency Contact: _____ Relationship: _____

Best number to reach emergency contact: _____

Please note any medical conditions we should be aware of:

Please list below beneficiary for RSVP Accident Insurance: ☐ Check here if same as Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Address: _____

Please provide two references (non-family members) that you have known for at least two years.

Reference #1: _____ Relationship: _____

Home Number: _____ Cell Phone: _____ Email Address: _____

Reference #2: _____ Relationship: _____

Home Number: _____ Cell Phone: _____ Email Address: _____

Please check your area(s) of interest in serving:

How would you like to receive newsletter?

Select one below.

By mail: _____

By e-mail: _____

☐ Kitchen Help-Prep/Pack Meals

☐ PA MEDI Medicare Insurance Counseling

☐ Present Senior Health Information

☐ Assist at Senior Center ☐ Other _____

Please check your availability:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							

If currently volunteering, please provide location _____

Have you ever been convicted of a felony? Y / N

Have you completed a Volunteer Criminal Background Check? Y / N

If applying as a volunteer driver, have you been issued any moving violations in the last two years? Y / N

Please read each statement below and check or initial each statement.

Use of Automobile in Volunteer Service

____ I understand that if I use my personal automobile to and from my volunteer site, I will possess a valid Pennsylvania driver's license, maintain automobile liability insurance equal or greater than the minimum required by the Commonwealth of Pennsylvania, and report any vehicle accident which occurs during assignment to RSVP of Columbia and Montour counties within 24 hours. I understand that I must use seat belts when operating a motor vehicle as a volunteer for RSVP/Diakon. I agree to exercise due diligence to drive safely and to maintain the security of the vehicle and its contents. I will maintain Annual Vehicle Inspection and Emission tests as required by PA law for vehicles used to transport clients.

Confidentiality Agreement

____ I understand in my capacity as an RSVP volunteer I may come into contact with confidential information about persons I serve. I agree to refrain from any and all unauthorized disclosure of such confidential information. I understand that this confidentiality includes both oral and written information and that I am not to discuss client information with anyone other than the Program Coordinator or other designated staff person. I understand that any breach of confidentiality may result in dismissal of volunteer duties.

Photography Waiver

____ I grant permission to RSVP of Columbia and Montour Counties to use my likeness if at any time during my volunteer duties my picture, either alone or as part of a group, is taken for public relations or promotional materials or purposes.

RSVP VOLUNTEER CODE OF CONDUCT

1. All RSVP Volunteers will act in a professional manner at all times.
2. All RSVP Volunteers will wear recognizable RSVP ID BADGE.
3. Reports of volunteer misconduct will be the cause for immediate suspension from client service. Confirmation of misconduct shall be cause for removal of the volunteer involved from serving clients. The Director may be required to report all incidents to state or federal funding agencies.
4. If the Retired & Senior Volunteer Program receives complaints regarding any volunteer and it is determined that the volunteer is not performing services in a reliable and responsible manner, corrective action may be taken. If corrective action does not result in improved performance, the Director will remove the volunteer from service to clients.
5. Volunteers are not allowed to receive donations.
6. Volunteers shall perform the following minimum levels of service:

An RSVP Volunteer shall:

- a. Confirm, prior to any visit, with the client or client representative, when a visit will be taking place.
- b. Maintain a clean and neat appearance at all times.
- c. Be polite and courteous to clients. Clients shall be treated with respect. The Director or his/her agent will notify the RSVP Volunteer of any known cultural issues or health issue significant to providing services.
- d. Respect the client's right to confidentiality.

An RSVP volunteer shall not:

- a. Make sexually explicit comments, or solicit sexual favors, or otherwise engage in sexual activity
- b. Solicit or accept money from clients
- c. Use alcohol, narcotics or controlled substances, or be under their influence while on duty. Prescribed medication may be used by a volunteer as long as the medication does not cause impairment and his/her duties can still be performed in a safe manner.
- d. Smoke when client/s are present
- e. Wear any type of headphones while on duty
- f. Be responsible for a client's personal items

_____ I will abide by the contents of this RSVP Code of Conduct for Volunteers.

DRUG FREE WORKPLACE POLICY

1. The Retired Senior Volunteer Program's volunteers are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of RSVP facilities, events, assignment locations and/or that of any RSVP Affiliate Site.
2. Any violation of the prohibitions in #1 will be considered to be "Just Cause" for suspension and/or discharge under the procedures of RSVP.
3. As a condition of registration as a volunteer each volunteer will:
 - a. Abide by the terms of #1 above and;
 - b. Notify the RSVP in writing of any criminal drug violation or conviction no later than five calendar days after such violation or conviction.
 - c. Understand that appropriate personnel action will be taken against such volunteer, up to and including discharge.
4. As a volunteer, I acknowledge by my signature below that I have:
 - a. Been given a copy of this policy statement in the Volunteer Handbook,
 - b. Reviewed this policy statement, and
 - c. Understand the policy statement.

_____ I have read and understand the above policy and my initials constitute an agreement to adhere to this policy.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Signature: _____ **Date:** _____

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

****Please return completed form to **Allison Carlson, RSVP Program Director**

Diakon Community Services

Columbia County Area on Aging

Our Policy

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

702 Sawmill Road Suite 201

Bloomsburg, PA 17815

Or email: carlsona@diakon.org

For RSVP/Diakon use only:

Volunteer recruited from: _____

Date application received: _____

Orientation Date Scheduled: _____

RSVP Staff: _____

Volunteer Stationed: _____

Intro date: _____



PA State Criminal History Background Check

Instructions for Online request:

Website: Epatch.state.pa.us

- Click on the **YELLOW box**- **New Record Check – Volunteers Only (FREE of charge)**
- Next page will display **Terms and Conditions**
- Click to **check the box** to Accept Terms and Conditions. Click **Accept**
- Fill in Personal **Information for the organization:** RSVP of Columbia & Montour Counties
(please see attached)
- Personal Information Review - Click **Proceed**
- Record Check Request Form: Fill in your **name, SSN, and DOB**. Sex and Race (optional)
- Click **Enter This Request** – then click **Finished**
- Request Queue pops up - click **submit**
- Click **Certification Form** and print or save your certification.

Please mail a copy of report to Allison Carlson, or email to carlsona@diakon.org

Allison Carlson, Project Director of RSVP
Kelly Cruickshank, RSVP Coordinator
702 Sawmill Road Suite 201
Bloomsburg, PA 17815
570-784-9272

Please contact us if you have questions or need help with this. If you do not have access to a computer, we will be happy to assist you.

Pennsylvania Background Check

We run a Pennsylvania background check on each of our volunteers to ensure safety and security for stations, fellow volunteers, and those we serve. You must complete background check to participate in RSVP.

Volunteer Clearances Agreement

____ I understand that RSVP may, at their expense, need to perform confidential background or driver history checks on registered members. Should my assignment(s) require a criminal background or driver history check I would give my permission for such clearances to occur.

Social Security Number: _____

(Social security number is required to perform a background check. This section of the document including your social security number will be shredded after the background check is completed).