Diakon
COMMUNITY SERVICES
FOR SENIORS

AmeriCorps Seniors

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

## Enrollment Form (Volunteer and/or Advisory Council)

**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: _____
Do you give permission for RSVP to perform state or driving background checks? ☐Yes ☐No
Do you give permission for RSVP to share state or driving background checks with volunteer stations? ☐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: **VOLUNTEERS ONLY**
Name: _____ Relationship: _____
Address: _____
Apartment/Suite/Unit: _____
City: _____ Zip: _____
Phone: _____ Cell Phone: _____

Employment Experience:

Special Skills/Interests/Hobbies/Languages:

Volunteer Experience (Current, Past, Preferred):

**References**

| Name | Phone | Email |
|---|---|---|
| | | |
| | | |
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**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:

☐ **(Volunteer only)** 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 representative in RSVP I may encounter 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 representative has ended.

☐ I understand that if I use my personal automobile during my representative service, I will arrange to keep in effect automobile liability insurance equal to 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 representatives 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 and/or Advisory Council Handbook and will follow the RSVP code of conduct and other policies as outlined in the Volunteer Handbook and/or Advisory Council.

***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.***

Vol. or A.C. 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 866-844-9091.

Return this form to the

Diakon Community Services | AmeriCorps Seniors RSVP appropriate representative, by email or mail.


**Program Manager**
*Chris Barton*
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**Program Coordinator**
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**Program Coordinator**
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