



## Volunteer Enrollment Form RSVP of Berks, Pike and Wayne Counties

*Please Print*

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

Birth Date: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about RSVP? \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best number to reach emergency contact: \_\_\_\_\_

Please note any medical conditions we should be aware of:

\_\_\_\_\_

Please list below a 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:**

- |   |   |
|---|---|
| <input type="radio"/> Delivering Meals on Wheels            | <input type="radio"/> Transport client to medical appointment/Critical Appointment* |
| <input type="radio"/> Kitchen Help-Prep/Pack Meals          | <input type="radio"/> Transport client to Food Bank/Grocery Store*                  |
| <input type="radio"/> Grocery shopping for client           | <input type="radio"/> Assist at Food Pantry   |
| <input type="radio"/> APPRISE Medicare Insurance Counseling | <input type="radio"/> Present Senior Health Information                             |
| <input type="radio"/> Other _____                           | <b>* Berks County Only</b>  |

(OVER)

**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

***RSVP is often asked to provide demographical information pertaining to volunteers (\*Optional).***

*\*Are you an active Military Member? Y/N \*Are you a Veteran of the Military? Y/N*

*\*Are any of your family members actively serving in the military? Y/N*

*\*Gender: \_\_\_\_\_ \*Race/Ethnic Background: \_\_\_\_\_*

**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 Berks, Pike and Wayne counties within 24 hours. Please provide driver's license and proof of insurance (copies will be made during interview). I understand that I must use seat belts when operating a motor vehicle as a volunteer for RSVP/Diakon. When transporting program clients, clients must also wear seat belts. 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.

**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.

**Photography Waiver**

\_\_\_\_ I grant permission to RSVP of Berks, Pike and Wayne 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 ***Kathy Mitchell, Director RSVP and VSS***  
***Diakon Community Services***  
***1 South Home Avenue***  
***Topton, PA 19562***  
***Or email: mitchellkat@diakon.org***



### **Our Policy**

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

#### ***For RSVP/Diakon use only:***

***Volunteer recruited from:*** \_\_\_\_\_ ***Date application received:*** \_\_\_\_\_  
***Orientation Date Scheduled:*** \_\_\_\_\_ ***RSVP Staff:*** \_\_\_\_\_  
***Volunteer Stationed:*** \_\_\_\_\_ ***Date Began:*** \_\_\_\_\_