



NWCSA – RSVP

Sponsored by Northwest Wisconsin
Community Services Agency, Inc.
Covering Ashland, Bayfield, Douglas & Iron Counties



1527 Tower Ave
Superior, WI 54880
Phone: 715-394-3644
Fax: 715-392-5511

623 2nd Ave East
Ashland, WI 54806
Phone: 715-292-6400
Fax: 715-292-6403

VOLUNTEER ENROLLMENT FORM

DATE ___/___/___

Name _____ M ___ F ___ Gender Fluid ___ Birth Date ___/___/___
Does not Identify as Male or Female

Mailing Address _____
St, Ave, Rd, PO Box, Etc

Physical Address _____
(If different from mailing address)

County of Residence _____ Primary Phone _____ Alternate Phone _____

E-mail Address _____

Previous Employer(s) _____

Previous Occupation(s) _____

Race / Ethnic Identity <input type="checkbox"/> White, Not of Hispanic / Latino Origin <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian / Alaskan American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Two or More Races	Are you a Military Veteran? Yes No Highest Education Level Completed <input type="checkbox"/> High School Graduate / GED / HSED <input type="checkbox"/> Vocational / Associate Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Master / Doctorate Degree <input type="checkbox"/> Other _____
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Do you speak another language? Yes No If yes, what language? _____

Please let us know of any physical / medical limitations that should be considered when arranging volunteer assignments.

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Cane / Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Back / Leg Difficulties

Volunteer Availability	Days	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Currently Volunteering at	Times							

To assist us in making your volunteer placement successful, please check all the areas of interest to you.								
<input type="checkbox"/> Ashland Shelter			<input type="checkbox"/> Fundraising			<input type="checkbox"/> Quilting		
<input type="checkbox"/> Adult Day Care			<input type="checkbox"/> Historical / Museums			<input type="checkbox"/> Reception / Clerical		
<input type="checkbox"/> Companionship			<input type="checkbox"/> Home Meal Delivery			<input type="checkbox"/> Red Cross Blood Drives		
<input type="checkbox"/> Computer Skills			<input type="checkbox"/> Hospital Gift			<input type="checkbox"/> Senior Centers		
<input type="checkbox"/> Disaster Relief Services			<input type="checkbox"/> Knitting / Crocheting			<input type="checkbox"/> Sewing		
<input type="checkbox"/> Driver / Escort Services			<input type="checkbox"/> Library			<input type="checkbox"/> Thrift Store		
<input type="checkbox"/> Economic Opportunities			<input type="checkbox"/> Mentoring / Tutoring in Schools			<input type="checkbox"/> Veterans & Military Families		
<input type="checkbox"/> Environmental Activities			<input type="checkbox"/> Nutrition Sites			<input type="checkbox"/> VITA Tax Preparation		
<input type="checkbox"/> Food Pantries			<input type="checkbox"/> Nursing Homes			<input type="checkbox"/> Special One-Time Projects		
How did you hear about RSVP? _____								

PLEASE TURN OVER AND COMPLETE OTHER SIDE

<p style="text-align: center;"><u>Emergency Contact</u></p> <p>Please provide the name, address and phone number of a person who would be called in an emergency situation.</p> <p>Emergency Contact _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Relationship _____</p>	<p style="text-align: center;"><u>Automobile Insurance Statement</u></p> <p>Do you drive a car? Yes No</p> <p>Will you be claiming mileage reimbursement? Yes No</p> <p>(only for those who accrue 100 miles or more per month driving to & from home to volunteer station.)</p> <p>I understand that if I use my personal vehicle driving to and from my volunteer station, I will arrange to keep in effect my automobile liability insurance equal to or greater than the minimum require by the State Of Wisconsin.</p> <p>_____</p> <p style="text-align: center;">Driver's License Number</p> <p>_____</p> <p style="text-align: center;">Current Auto Insurance Company</p>
<p style="text-align: center;"><u>Accidental Loss of Life Policy</u></p> <p>NWCSA-RSVP provides accident and liability insurance for volunteers when they are participating in an NWCSA-RSVP volunteer assignment. Please provide the name, address, phone number of the person who would receive the money provided by NWCSA-RSVP's insurance should something happen to you while you are working at an NWCSA-RSVP volunteer station.</p> <p>Beneficiary _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Relationship _____</p>	<p style="text-align: center;"><u>Photo Release</u></p> <p>May we use your photo by NWCSA-RSVP for the specific purpose of publicity, public relations or educational promotion, providing it is legitimately published with discretion?</p> <p>Please circle your answer. Yes No</p>
<p style="text-align: center;"><u>Background Check</u></p> <p>A background check will be performed by NWCSA-RSVP staff and/or the partner agencies to ensure the safety of vulnerable populations.</p>	
<p>NWCSA-RSVP does not discriminate against volunteers, employees or in any operation of any of its programs on the basis of race/ethnicity, color, national origin, including individuals with limited English proficiency, sex, age, political affiliation, religion or disability.</p> <p>NWCSA-RSVP retains all volunteer information in the strictest confidence. No personal information is shared, transferred, or sold to any 3rd party.</p>	

Confidentially

I understand that as a volunteer I must maintain privacy and confidentiality of all private and sensitive information connected with the NWCSA-RSVP office and the non-profit organizations utilizing NWCSA-RSVP volunteers. This may include any personal information, business practices and/or related issues connected to volunteering at a station or in the NWCSA-RSVP office. My signature below is my commitment to uphold the spirit of confidentiality.

I will volunteer my services through the Northwest Retired & Senior Volunteer Program (RSVP) and I understand that I am not an employee of Northwest Wisconsin Community Services Agency Inc. I also hold harmless NWCSA-RSVP, their employees and sponsors from any and all liability resulting from any personal injury received during the course of my volunteer activities.

Signature of Volunteer _____ Date _____

Signature of Program _____ Date _____

<p>FOR OFFICE USE ONLY</p> <p>Volunteer # _____</p> <p>Badge (Date Sent) _____</p> <p>Folder (Date Sent) _____</p> <p>Update (Date Recorded) _____</p>	<p>BACKGROUND CHECKS</p> <p>WI C-CAP (Date) _____ Staff _____</p> <p>NSOPW (Date) _____ Staff _____</p> <p>MPCH (Date) _____ Staff _____</p> <p>MPA (Date) _____ Staff _____</p>
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