



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: 715-394-3644

VOLUNTEER ENROLLMENT FORM

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

DATE ___/___/___

Name _____ M ___ F ___ Birth Date ___/___/___

Mailing Address _____
St, Ave, Rd, PO Box, etc City, Town, etc State Zip

Physical Address _____
(If different from mailing address)

County of Residence _____ Primary Phone _____ Alternate Phone _____

E-mail Address _____

Previous Employer(s) _____

Previous Occupation(s) _____

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

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

Wheelchair Cane / Walker Crutches Other _____

Hearing Impaired Visually Impaired Back / Leg Difficulties

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

To assist us in making your volunteer placement successful, please check all the areas of interest to you.								
<input type="checkbox"/> Homeless Shelter			<input type="checkbox"/> Historical / Museums			<input type="checkbox"/> Quilting		
<input type="checkbox"/> Adult Day Care			<input type="checkbox"/> Home Meal Delivery			<input type="checkbox"/> Reception / Clerical		
<input type="checkbox"/> Companionship			<input type="checkbox"/> Hospital			<input type="checkbox"/> Senior Centers		
<input type="checkbox"/> Computer Skills			<input type="checkbox"/> Knitting / Crocheting			<input type="checkbox"/> Sewing		
<input type="checkbox"/> Disaster Relief Services			<input type="checkbox"/> Library			<input type="checkbox"/> Thrift Store		
<input type="checkbox"/> Driver / Escort Services			<input type="checkbox"/> Mentoring / Tutoring in Schools			<input type="checkbox"/> VITA Tax Preparation		
<input type="checkbox"/> Environmental Activities			<input type="checkbox"/> Nutrition Sites			<input type="checkbox"/> One-Time Projects		
<input type="checkbox"/> Food Pantries								
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>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.</p> <p>Beneficiary _____</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? (only for those who accrue 100 miles or more per month driving to & from home to volunteer station.)</p> <p style="text-align: center;"> Yes No</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>Housing</u></p> <p>Own home with a mortgage / loan _____</p> <p>Own home free and clear _____</p> <p>Renting home / apartment / room _____</p> <p>Occupying home / apartment without payment _____</p>
<p style="text-align: center;"><u>Photo Release</u></p> <p>May we use your photo for the specific purpose of publicity, public relations or promotion, providing it is legitimately published?</p> <p>Please circle your answer. Yes No</p>	

Background Checks are performed by NWCSA-RSVP staff on all volunteers or any Partnering Agency to ensure the safety of vulnerable populations.

NWCSA-RSVP retains all volunteer information in the strictest confidence. No personal information is shared, transferred, or sold to any 3rd party.

NWCSA-RSVP does not discriminate against volunteers, employees or in any operation of any of its programs on the basis of race/ethnicity; color; sex; national origin; including limited English proficiency; age; political affiliation; sexual orientation; gender Identity or expression; religion; disability, including HIV/AIDS; marital or parental status; military service; past participation in a discrimination complaint process or any other improper criterion.

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 NWCSA-RSVP and I understand that I am not an employee of Northwest Wisconsin Community Services Agency Inc., AmeriCorps or the Federal Government. 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 Director _____ 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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