



If you choose to be covered by our Volunteer Insurance, please provide the following information.  
(If you prefer you can enter an **ESTATE** as beneficiary):

Beneficiary \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Attention:** By providing the following insurance and driver's license information the applicant understands that he/she will be covered by RSVP's free supplemental insurance policy for volunteers. **Write DECLINE if you do not wish to be covered by this supplemental insurance.**

Auto Insurance Co. \_\_\_\_\_ Drivers License # \_\_\_\_\_ Renewal Date \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_

**Are you currently volunteering?** Yes  No

If yes, please list where you are volunteering and describe the types of jobs:

1) \_\_\_\_\_ Job: \_\_\_\_\_

2) \_\_\_\_\_ Job: \_\_\_\_\_

3) \_\_\_\_\_ Job: \_\_\_\_\_

Please list three of your skills or hobbies: \_\_\_\_\_

What is/was your occupation? \_\_\_\_\_

Do you speak a second language? No  Yes  Which one(s)? \_\_\_\_\_

Would you be interested in being part of RSVP One Time Special Assignments? \_\_\_\_\_

Current employment Status: \_\_\_ Retired \_\_\_ Homemaker \_\_\_ Work Part Time

Place of pre-retirement employment \_\_\_\_\_

**RSVP has a wide variety of volunteer opportunities that we offer to seniors (anyone over 55) through Garfield County nonprofit organizations. Please circle/check all of the following activities that match your skills and interests. This is not a complete list, but does offer many categories where we are active and involved. If you have a particular interest not included here, please note that interest.**

PLEASE CHECK ALL AREAS OF INTEREST:

I. I would like to volunteer in or for:

- |   |  |
|---|--|
| <input type="checkbox"/> City/County Government   | <input type="checkbox"/> Museum/Informational Center |
| <input type="checkbox"/> Convalescent Centers     | <input type="checkbox"/> Outdoors/Environment        |
| <input type="checkbox"/> Courts                   | <input type="checkbox"/> Public Safety               |
| <input type="checkbox"/> Crime Prevention         | <input type="checkbox"/> Schools                     |
| <input type="checkbox"/> Day Care Centers, Adults | <input type="checkbox"/> Senior Centers              |
| <input type="checkbox"/> Day Care Centers, Child  | <input type="checkbox"/> United Way                  |
| <input type="checkbox"/> Homeless Center          | <input type="checkbox"/> Youth Facility              |
| <input type="checkbox"/> Hospital/Clinic          |  |
| <input type="checkbox"/> Libraries                |  |
| <input type="checkbox"/> Other _____              |  |

II. I would like to volunteer as:

- |   |   |
|---|---|
| <input type="checkbox"/> Animal Care                    | <input type="checkbox"/> Mentor                   |
| <input type="checkbox"/> Arts                           | <input type="checkbox"/> Museum Guide             |
| <input type="checkbox"/> Bell Ringer                    | <input type="checkbox"/> Program Organizer        |
| <input type="checkbox"/> Bingo Caller                   | <input type="checkbox"/> Quilting, sewing, crafts |
| <input type="checkbox"/> Board/Advisory Member          | <input type="checkbox"/> Radio, newspaper, TV     |
| <input type="checkbox"/> Bookkeeper                     | <input type="checkbox"/> Reading Tutor            |
| <input type="checkbox"/> Bulk mailer                    | <input type="checkbox"/> Red Cross                |
| <input type="checkbox"/> Business Administrator         | <input type="checkbox"/> Recreation Aide          |
| <input type="checkbox"/> Cashier                        | <input type="checkbox"/> Receptionist             |
| <input type="checkbox"/> Chaperone                      | <input type="checkbox"/> RSVP Assistance          |
| <input type="checkbox"/> Clerical                       | <input type="checkbox"/> School Crossing Guard    |
| <input type="checkbox"/> Community Service Organization | <input type="checkbox"/> Secretary                |
| <input type="checkbox"/> Companionship Provider         | <input type="checkbox"/> Senior Nutrition Program |
| <input type="checkbox"/> Computer Work/Instruction      | <input type="checkbox"/> Sheriff's Auxiliary      |
| <input type="checkbox"/> Cook                           | <input type="checkbox"/> Storyteller              |
| <input type="checkbox"/> Counselor                      | <input type="checkbox"/> Special Events           |
| <input type="checkbox"/> Entertainer                    | <input type="checkbox"/> Tax Consultant           |
| <input type="checkbox"/> Food/Clothing Bank             | <input type="checkbox"/> Teacher's Aide           |
| <input type="checkbox"/> Friendly Visitor               | <input type="checkbox"/> Transportation Dispatch  |
| <input type="checkbox"/> Fund Raiser                    | <input type="checkbox"/> Typist                   |
| <input type="checkbox"/> Gardener                       | <input type="checkbox"/> Telephone Reassurance    |
| <input type="checkbox"/> History Projects               | <input type="checkbox"/> Tour Guide               |
| <input type="checkbox"/> Hospice                        | <input type="checkbox"/> Usher                    |
| <input type="checkbox"/> Housekeeper                    |   |
| <input type="checkbox"/> Intergenerational projects     | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Library assistant              |   |
| <input type="checkbox"/> Meals on Wheels                |   |

I would like to administrate an RSVP Volunteer Program

III. I would like to work with:

- |   |   |
|---|---|
| <input type="checkbox"/> Adults [ages 21-59]      | <input type="checkbox"/> Physically Disabled        |
| <input type="checkbox"/> Adults [ages 60+]        | <input type="checkbox"/> Young Children [ages 2-12] |
| <input type="checkbox"/> Infants [Birth to age 2] | <input type="checkbox"/> Youth [ages 13-20]         |
| <input type="checkbox"/> Mentally Disabled        | <input type="checkbox"/> Developmentally Disabled   |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> no preference              |

PLEASE READ & SIGN THE BACK PAGE!

ONE MORE PAGE!

**Please read the application information to make sure that it is all recorded correctly and then read and sign the statement below. Please mail the application back to RSVP to complete your enrollment in the RSVP program. Thank you!**

I hereby declare the information provided in this application is true, correct, and complete to the best of my knowledge. I volunteer my services through the RSVP (Retired Senior Volunteer Program) program and agree to furnish information regarding my volunteer activities and hours.

If necessary, I authorize RSVP to conduct a criminal background check and/or driving record check. I understand that if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum, as required by the state of Colorado.

I understand that I am not an employee of High Country RSVP or the sponsor of that program, Colorado Mountain College, will not receive any compensation of any form. As a volunteer there is no entitlement to workers' compensation, unemployment, health, disability, retirement, insurance, vacation, sick leave, or any other CMC benefits. As a volunteer you have no authority to bind the College or enter into any contracts or agreements on behalf of CMC. As a volunteer, you agree to save, indemnify, and hold the College harmless to the extent permitted by law, from and against any and all claims, demands, suits, and actions of anyone not a party to this Agreement, including without limitation the Volunteer for loss, injury, damage, or liability of any kind whatsoever arising directly or indirectly out of the Volunteer's performance.

I understand that volunteering is a privilege and not a right and that my placement in a volunteer position is conditional upon successfully completing the application, screening and training requirements. I agree to abide by the philosophies, policies, and standards set forth by High Country RSVP and to fulfill my volunteer assignments to the best of my ability. I accept that failure to do so will be due cause for termination of my appointment as a volunteer.



\_\_\_\_\_  
**RSVP Interviewer**

\_\_\_\_\_  
**Volunteer Signature**

I hereby grant High Country RSVP permission to use my likeness in photographs(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by High Country RSVP in perpetuity. I will make no monetary or other claim against High Country RSVP for the use of these photograph(s)/video(s).

Or: [ ] I do not give my permission to use my likeness in photograph(s) /video(s) to High Country RSVP.

Signature \_\_\_\_\_

**For Office Use Only:**

Initial Contact Date \_\_/\_\_/\_\_ Staff Contact: \_\_\_\_\_

Caller: \_\_\_\_\_ Enrollment entered into Volunteer Reporter database \_\_/\_\_/\_\_

**Volunteer Stations:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_