

## RCRV Volunteer Registration Form

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

Mailing Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a veteran? Yes No Spouse of Retired? Yes No Preferred Contact? Home Cell Work Email

Employer: \_\_\_\_\_ Experience: \_\_\_\_\_

Education/Skills: \_\_\_\_\_

Clubs and Groups: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Physical conditions to be considered in arranging your volunteer assignment: \_\_\_\_\_

Emergency Medical Info (i.e. allergies, meds, conditions): \_\_\_\_\_

Please list an Emergency Contact:

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

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

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Priority Volunteer Opportunities (please select all that may interest you):

- |  |   |
|--|---|
| <input type="checkbox"/> Disaster Preparedness                       | <input type="checkbox"/> Youth Mentoring and Tutoring |
| <input type="checkbox"/> Senior Health Insurance Information Program | <input type="checkbox"/> Pen Pal Program              |
| <input type="checkbox"/> Wheelchair Ramp Accessibility Program       | <input type="checkbox"/> Supporting Veterans          |
| <input type="checkbox"/> Senior Meal Delivery Program                | <input type="checkbox"/> Community Priority/Other     |
| <input type="checkbox"/> Transportation                              | _____   |
| <input type="checkbox"/> Food Pantries                               | _____   |
| <input type="checkbox"/> Tax Assistance Program                      | _____   |

Do you have a record of founded child or dependent abuse and/or have you ever been convicted of a crime in Iowa or any other state?  Yes  No

**Driver's License and Insurance Information:**

Driver's License #: \_\_\_\_\_ Auto Insurance Co.: \_\_\_\_\_

DL Expiration: \_\_\_\_\_ Do you carry the required minimum insurance?  Yes  No

**Beneficiary for 55+ Initiative Supplemental Accident Insurance:**

If there is no surviving beneficiary, loss of life benefits will be paid in one sum to this covered volunteer's estate.

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**VOLUNTEER COMMITMENTS: Please read this carefully before signing at the bottom.**

**Release of Information:** I understand that the information provided on this form may be disclosed for the purposes of volunteerism.

**Confidentiality:** I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential.

**Insurance:** If I use my car in volunteer service, I certify that I carry at minimum the state required liability insurance.

**Volunteer Assignment:** I understand my responsibilities as a volunteer. If a job description is needed, I will contact the 55+ Initiative office.

**Release and Waiver:** I desire to work as a volunteer for 55+ Initiative - a program of United Way of East Central Iowa, Inc. ("55+ Initiative/UWECI") and engage in the activities related to being a volunteer (the "Activities"). I understand that the Activities may include working for a sponsored agency or, if I live in Jones County, Iowa, direct services of 55+ Initiative/UWECI.

I hereby freely, voluntarily and without duress execute this Release under the following terms:

**Release and Waiver:** I hereby release and forever discharge and hold harmless 55+ Initiative/UWECI its directors, employees, and consultants from any and all costs, liabilities, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the activities on behalf of 55+ Initiative/UWECI.

I understand that this Release discharges 55+ Initiative/UWECI from any liability or claim that I may have against 55+ Initiative/UWECI with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the Activities on behalf of 55+ Initiative/UWECI, whether caused by the negligence of 55+ Initiative/UWECI or otherwise. I also understand that 55+ Initiative/UWECI does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, disability, or automotive insurance in the event of injury or illness. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

I understand that I am not an employee of 55+ Initiative/UWECI, the sponsoring agency, or of any agency where I may volunteer. I am under no obligation to accept or continue any assignment unless I choose to do so. I affirm that the information I have provided is accurate and that I have read and agree to the statements above.

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

Signature: \_\_\_\_\_

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

Director Signature: \_\_\_\_\_

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

**For Office Use Only**

Data Entered:  Reporter  Other: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_

Work Plan: \_\_\_\_\_

Placement Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Completed Date: \_\_\_\_\_ 30-Day Review Scheduled: \_\_\_\_\_