



**AmeriCorps
Seniors**



Monterey Bay RSVP

Sponsored by
The Volunteer Center of Santa Cruz County

1740 17th Ave., Santa Cruz, CA 95062

E-mail: rsvp@scvolunteercenter.org

Phone-831-427-5070 Fax: 831-423-6267

**Volunteer
Enrollment Form**

Name: _____ Phone: _____ Email: _____

Address: _____

*I volunteer my services through the Monterey Bay Retired Senior Volunteer Program (RSVP) and I understand that I am **NOT** an employee of the Volunteer Center of Santa Cruz County nor RSVP.*

Are you volunteering now? Yes No Agency: _____

Live Alone? Yes No Disabled? Yes No Veteran? Yes No

Transportation: Take the bus Yes No Drive? Yes No

I own and insure a car: Yes No Driver's license no. : _____ Birthdate: ___ / ___ / ___

Insurance Co.: _____ Policy no.: _____ Expires: _____

Do you want reimbursement for driving/travel expenses? Yes No

I understand that I am required to submit signed times/mileage sheets in order to collect mileage reimbursement. If you choose not to be reimbursed it is still important for us to collect your volunteer hours. These may be mailed, E-mailed, faxed or telephoned to the RSVP office.

In case of emergency, please notify: Name: _____ Phone: _____

RSVP provides volunteers with insurance coverage as follows: Excess accident insurance (above your coverage) for personal injury between home and place of assignment, during volunteer service, during meal periods while volunteering, and while attending volunteer sponsored activities; Personal liability insurance including third-party protection for volunteers against claims arising out of volunteer activities up to \$1,000,000; Excess automobile liability insurance (above your coverage) for driving between home and place of assignment and in connection with project-related activities up to \$500,000.

Beneficiary of my RSVP accident insurance: Name: _____

Address _____ Phone: _____

My ethnic background is: African American Asian Caucasian Latino

Native American Pacific Islander Other: _____

Media Release:

I grant the Monterey Bay RSVP Program and the Volunteer Center of Santa Cruz County the permission to use photographs of myself for publications including websites and social media (Facebook/Twitter) to promote volunteerism without financial remuneration.

I have read and understood and agree to the above information

Volunteer Signature _____ Date _____

RSVP Director _____ Date _____