

Make a Difference in Our Community!

Join one of our nation's largest networks of volunteers age 55+

The Retired and Senior Volunteer Program (RSVP) is a great way for you to select from a variety of volunteer opportunities, help our local community, and know that you are part of a larger team of volunteers 55+ in Muskegon County who are making a difference every day!

It only takes five easy steps to join and get connected:

- STEP 1: Please review the list of open RSVP positions (www.unitedwaylakeshore.org)
- STEP 2: Select one or more that you are interested in learning more about and complete the membership application packet
- STEP 3: Call our office at (231) 332-4018 to schedule an in person orientation.

What to bring to the new member orientation?:

- 1) Completed membership packet
- 2) Drivers license or state ID
- 3) Proof of vehicle insurance

- STEP 4: The RSVP office will contact the volunteer manager for the volunteer positions that interest you, and provide your contact information.
- STEP 5: The volunteer manager will call you to schedule a time to visit and learn how you can make a difference!

Sincerely,

La Tonya Beene, Program Director
Retired and Senior Volunteer Program (RSVP)
United Way of the Lakeshore

Address: 31 East Clay Avenue, Muskegon, MI 49441
Phone: (231) 332-4018
Email: Latonya@unitedwaylakeshore.org



Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 



United Way of the Lakeshore
31 E. Clay, Muskegon, MI 49442
Phone (231) 722-3134 Fax (231) 722-3137
Website: www.unitedwaylakeshore.org



RSVP Volunteer Membership Application

The Retired and Senior Volunteer Program (RSVP) of Muskegon County is a national membership program where members serve in specific positions and organizations – impacting education, health & food security, economic advancements, and cultural heritage vitality.

CONTACT INFORMATION

Name: _____
First Middle Initial Last

Maiden/Other Last Name: _____

Address: _____
Street address City Zip Code

Primary Phone: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Cell Phone: _____ Email: _____

Driver's License/State ID _____ Exp. Date _____ State _____

You will be required to provide a copy of your Driver's License and current Auto Insurance.

Do you have Physical/Medical Concerns? _____

How would you like to receive newsletters, invitations, or other notifications? ___ Phone ___ US Mail ___ Email

How did you learn about our program? _____

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteer on a need basis.

Will you need a mileage reimbursement for travel to and from your volunteer location? Yes ___ No ___

DEMOGRAPHICS

Retired: ___ Yes ___ No Gender: ___ Male ___ Female Age: ___ 55-65 ___ 65-75 ___ 75+

Ethnicity: ___ Hispanic ___ Non-Hispanic/White ___ Non-Hispanic/Other Race

Race: ___ White ___ Black or African American ___ American Indian or Alaska Native

___ Asian ___ Native Hawaiian or Other Pacific Islander

Level of Education: ___ High School Diploma/GED ___ Some College ___ College Degree ___ Vocational Certification

Are you a Veteran? Yes / No

Are you a Veteran's family member? Yes / No

Are you an active duty military service member? Yes / No

Are you a family member of an active duty military service member? Yes / No

EMERGENCY CONTACT INFORMATION

Name: _____
 First Last

Address: _____
 Street address City Zip Code

Phone: _____ Relation To RSVP Member: _____

Name of Beneficiary for RSVP Supplemental Accident Insurance: _____

I understand that in order for the supplemental personal liability and excess auto insurance provided by the RSVP program to remain valid, I must:

_____ Hold & maintain a valid driver's license and insurance that meets minimum standards for our state.

_____ Daily completion of the volunteer service log (time sheet) documenting daily RSVP service.

Have you ever been convicted of a criminal offense or misdemeanor? _____ Yes _____ No

If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

ON CALL LIST: This is a list we refer to when local non-profits are looking for short-term or one-time assistance with special events. We will call volunteers on this list when we receive these special requests.

May we contact you to see if you are available to help on a one-time short-term basis? ___Yes ___No

MEDIA AUTHORIZATION:

_____ I permit _____ I do not permit RSVP to use my photograph for publicity purposes.

ELIGIBILITY CRITERIA:

(Please initial by each item):

_____ YES, I am 55 or older.

_____ YES, I agree to serve without compensation.

_____ YES, I am interested in volunteering at a station location in the community where I live.

_____ YES, I agree to complete the service log to document time in, time out, and number of community members I impact daily.

_____ YES, I understand that program referrals are contingent on the review of my individual criminal history.

CERTIFICATIONS:

By signing below, I acknowledge that I have read, understand and agree with the terms of the following statements:

- **Please Note:** The United Way of the Lakeshore's Retired & Senior Volunteer Program will perform an initial background screening for the protection of the agency and its beneficiaries, as well as the volunteer. RSVP will ensure the best possible fit for volunteer opportunities available in the community. If you have any questions or concerns regarding the screening process, please contact the RSVP at 231-332-4018.
- I hereby volunteer my services through the United Way of the Lakeshore in Muskegon and Oceana Counties. I certify that the information I have provided is accurate and complete to the best of my knowledge. **I understand that all information contained in this application is confidential and will not be released by the United Way of the Lakeshore to a third party except as necessary to coordinate volunteer activity. I agree to abide by United Way of the Lakeshore's RSVP Volunteer Agreement and/ or Confidentiality Agreement.**

Volunteer Signature: _____ **Date:** _____

RSVP Service Year Approval:

July 1, 2017 - June 30, 2020

RSVP Program Director

Date

For RSVP Office Use Only

Required Documentation:

- ____ Membership Interest: Signed & Completed application and volunteer information form
- ____ Age Verification & Background Check: Copy of Driver's License/State ID/Birth Certificate
- ____ Excess Auto Insurance: Copy of Vehicle Insurance
- ____ Signed Service Log / Sign In Sheets
- ____ Service Selection(s) & Verification: Job Description (signed)

Background Checks:

____ ICHAT

____ National Sex Offender

Completed on: _____

Completed on: _____

Volunteer Start Date: _____ **1st Day of Volunteer Service:** _____



United Way
of the Lakeshore

**Retired and Senior Volunteer Program
of Muskegon & Oceana Counties**

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**RSVP Member
CONFIDENTIALITY STATEMENT**

I understand that while volunteering as a Retired and Senior Volunteer Program (RSVP) member, the personal information of the children, families, and individuals with whom I work are confidential.

I will not discuss any personal information with anyone other than RSVP program staff or my volunteer site supervisor.

Signature

Date

Name Printed



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RSVP Member

Waiver of Liability and Release of Claims

I hereby authorize the Retired and Senior Volunteer program to conduct a background check through the Michigan ICHAT and National Sex Offender Registry systems for any information on record or may be obtain from other sources under my name and birthdate . The information will be used to demine program eligibility and for referral to volunteering at partner station locations.

I hereby release and forever discharge the Retired and Senior Volunteer Program of Muskegon/Oceana Counties of any and all actions, causes of action, claims, and demands for, upon or by reason of damage, loss or injury, which may be sustained by me in the nature of Libel, Slander, Invasion of Privacy, or other results from the information, whether by reason of unauthorized use, negligence or otherwise:

Printed Name: _____

Signature: _____

Maiden Name / Other Names Used: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Sex: (circle one) **Male** **Female**

Ethnicity: (circle one) **Hispanic** **Non-Hispanic**

Race: (circle one) **Black/African American** **American Indian /Alaska Native**
White **Asian** **Native Hawaiian /Pacific Islander**

Witnessed: _____ Date: _____