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
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. Volunteers receive pre-service orientation, training from the organizations where they will serve, recognition for service, and supplemental insurance while on duty.

CONTACT INFORMATION

Name: ________________________________________________

Maiden/Other Last Name: _______________________________

Address: _____________________________________________

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
  - Completed on: __________
- National Sex Offender
  - Completed on: __________

Volunteer Start Date: ______________  1st Day of Volunteer Service: ______________
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
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: ________________

Form Date: 4/21/2014