

CERTIFICATION

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

Please Note: The United Way of the Lakeshore’s Retired and Senior Volunteer Program (RSVP) 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 RSVP at 231-332-4016.

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 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, 2020-June 30, 2023

RSVP Program Manager/Coordinator

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/Sing in sheets

____ Service selection(s) & verification: Job description (signed)

Background Checks:

____ ICHAT

____ National Sex Offender

Completed on: _____

Completed on: _____

Volunteer State Date: _____

1st Day of Volunteer 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 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 Offenders 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 determine 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: _____
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