

United Way of the Lakeshore

31 E. Clay, Muskegon, MI 49442 Phone 231-722-3134 Fax 231-722-3137 Website: www.unitedwaylakeshore.org



COMMUNITY

SERVICE ***

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 health, e3ducation,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.

COUNTY OF SERVICE	Oceana Cour	nty	
CONTACT INFORMATION			
Name:	iddle	Last	
Maiden/Other Last Name:			
Address: Street Address		ity	Zip Code
Primary Phone:		•	/yyy)://
Cell Phone:			
Driver's License/State ID			
		-	
You will be required to provide a co	ppy of your Driver's Licer	ise and current Auto ii	isurance.
Do you have any Physical/Medical Concerns?			
How would you like to receive newsletters, invitation	ns, or other notifications	?Phone	US Mail Email
How did you learn about the RSVP program?			
RSVP provides a mileage reimbursement for tra-	vel between home and vo	lunteer site to the volu	unteer on a need basis.
Will you need a mileage reimbursement for travel to and	from your volunteer location	on:Ye	esNo
<u>DEMOGRAPHICS</u>			
Retired:YesNo Gender: _	MaleFemale	e Age:55-6	6565-7575+
Ethnicity:HispanicNon-	Hispanic/White	Non-Hisp	anic/Other Race
Race:WhiteBlack of African Ame	ricanAme	rican Indian or Alaska	a Native
AsianNative Hawaiian or O	ther Pacific Islander		
Level of Education:High School Diploma/GE	DSome College	eCollege	Degree
Vocational Certificat	ionSkille	ed Trade Certification	
Are you a Veteran?YesNo			
Are you a Veteran's family member:Yes	No		Corporation for NATIONAL &

Form Date: 2/24/21

	FN	MERGENCY CONTACT INFORMATION	
Name:			
	First	Last	
Addres:			
	Street Address	City	Zip Code
Phone:		Relation to RSVP Mer	mber:
Name of E	Beneficiary for RSVP Suppleme	ental Accident Insurance:	
RSVP prog	gram to remain valid, I must:		
HOIO	a & maintain a valid driver's li	icense and insurance that meets minimum star	idards for our state.
Dail	y completion of the volunteer	r service log (time sheet) documenting daily RS	VP service.
N CALL L pecial ever	nts. We will call volunteers on	whe4n local non-profits are looking for short- this list when we receive these special request- ilable to help on a one-time short-term basis?	
IEDIA AU	THORIZATION .		
IEDIA AUT	<u> </u>	RSVP to use my photograph for publicity purpos	ses.
I permi	<u> </u>	RSVP to use my photograph for publicity purpos	ses.
l permi LIGIBILIT	itI do not permit F	RSVP to use my photograph for publicity purpor	ses.
I permi LIGIBILIT Please init YES, I	Y CRITERIA		ses.
LIGIBILIT Please init YES, I	tI do not permit F Y CRITERIA tial by each item): am 55 or older agree to serve without compe		
I permi ELIGIBILIT Please init YES, I YES, I YES, I	Y CRITERIA tial by each item): am 55 or older agree to serve without compe am interested in volunteering agree to complete to service I	ensation	ive

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	•	

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: 1 st Day of Volunteer Service:		



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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	

Form Date: 2/24/21



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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 n	ames used	:	<u></u>	
Address:				
Date of birth:				
Place of birth:				
Sex: (circle one)	Male	Female		
Ethnicity: (circle one)	Hisp	anic	Non-Hispa	anic
Race: (circle one)	Black/Afric	an Americar	n American	Indian/Alaska Native
	White	Asian	Nati	ve Hawaiian/Pacific Islander
Witnessed:				Date:

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