



**AmeriCorps
Seniors**

**Dawes County RSVP Application
& Interest Survey**

270 Pine Street * Chadron, NE 69337
308-432-3393 Tel 308-432-5799 Fax

CONTACT INFORMATION:

Name as it appears on driver's license _____

Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____ Cell _____

Email _____ Birthdate ____/____/____

Are you a veteran? Yes No Branch of service: Army Navy USAF USMC
 Coast Guard Other Do you have family members serving in the military? Yes No

Are there any veterans in your family? Yes No

Ethnic Group (Optional): Caucasian African American Hispanic
 Native American/Alaska Native Asian/Pacific Islander Other: _____

I WOULD PREFER:

to work with others jobs that require standing/moving jobs that require sitting
 to work a regular schedule to do a one time job to do something familiar
 outdoor jobs indoor jobs to coordinate/chair a project

BENEFICIARY for RSVP INSURANCE:

All RSVP volunteers are covered by our supplementary accident and liability coverage, free of charge.

Beneficiary Name: _____

Beneficiary Address: _____

City, State, Zip: _____

Phone: _____ Relationship: _____

PERSON to NOTIFY in CASE of EMERGENCY:

If same as beneficiary above, initial here _____, otherwise, Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ *Relationship:* _____

Please mark the activities you are interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advisory Council | <input type="checkbox"/> Fair Support/Judge /Registration help | <input type="checkbox"/> Musical Instrument: _____ |
| <input type="checkbox"/> American Legion Help | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Nursing Home Visitor/Helper |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Office work-filing, etc. |
| <input type="checkbox"/> Appliance Repair | <input type="checkbox"/> Food Pantry Volunteer | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Art show/ Theater/Dance/ College Activity Volunteer | <input type="checkbox"/> Friendly visitation | <input type="checkbox"/> Phone Caller for Activities |
| <input type="checkbox"/> Bagging Groceries/ Commodities for Seniors | <input type="checkbox"/> Fundraising Help | <input type="checkbox"/> Phone Shut-ins |
| <input type="checkbox"/> Baker/Dessert Maker | <input type="checkbox"/> games/crafts with children | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Bell Captain-Salvation Army | <input type="checkbox"/> Garage Sale Support | <input type="checkbox"/> Pie Baker |
| <input type="checkbox"/> Bell Ringing-Salvation Army | <input type="checkbox"/> Gardening/Flowers | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Bingo/Trivia Volunteer | <input type="checkbox"/> Gift Wrapping/Packaging | <input type="checkbox"/> Quilt Festival Help |
| <input type="checkbox"/> Blood Drive –Welcome Donors | <input type="checkbox"/> Grocery Shopping/Prescription Delivery | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Blood Drive- Scheduling donors | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Raffle Tickets Seller |
| <input type="checkbox"/> Blood Drive set up/take down | <input type="checkbox"/> Handwrite letters/cards | <input type="checkbox"/> Read to/mentor children |
| <input type="checkbox"/> Book Booth Volunteer | <input type="checkbox"/> Handyman/Carpentry/General Maintenance | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Help Disabled Adults | <input type="checkbox"/> Running errands, grocery shopping etc. |
| <input type="checkbox"/> Bread Basket Volunteer/Food Rescue/Distribution | <input type="checkbox"/> Hospice | <input type="checkbox"/> Senior Center Dining Rm help |
| <input type="checkbox"/> Caring for Children | <input type="checkbox"/> Hospital support/other | <input type="checkbox"/> Senior Center Kitchen help |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Serve on Boards |
| <input type="checkbox"/> Companionship to seniors/those in need | <input type="checkbox"/> Jack of all Trades | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Jobs that require sitting | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Concession stand Volunteer | <input type="checkbox"/> Jobs that require standing/ moving | <input type="checkbox"/> Sign Making |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Languages Spoken: _____ | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Lawn Care/Mowing | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Crestview or Ponderosa Activities | <input type="checkbox"/> Library aide/support | <input type="checkbox"/> Special Olympics Support |
| <input type="checkbox"/> Diaper repackaging | <input type="checkbox"/> Mailing prepper, envelope stuffer, newsletter folder | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Disabled adult assistance | <input type="checkbox"/> Meals on Wheels/Food Delivery | <input type="checkbox"/> Tech Support/Computer Skills |
| <input type="checkbox"/> Disaster Preparedness/Relief | <input type="checkbox"/> Medical Skills: _____ | <input type="checkbox"/> Thrift Store Support |
| <input type="checkbox"/> Driver for appointments/needs in town | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Transport Volunteers |
| <input type="checkbox"/> Driver for appointments/needs out of town | <input type="checkbox"/> Mobile Food Pantry Volunteer | <input type="checkbox"/> Transportation for others |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Museum Volunteer | <input type="checkbox"/> Tutor/Teaching: Subject(s) _____ |
| <input type="checkbox"/> Exercise | | <input type="checkbox"/> Usher at Post Playhouse |
| | | <input type="checkbox"/> Visiting homebound |
| | | <input type="checkbox"/> Wherever needed |
| | | <input type="checkbox"/> Work with animals |
| | | <input type="checkbox"/> Writing articles/News |

AGREEMENT AND SIGNATURE:

I affirm that the facts set forth in it, including my birthdate, are true and complete. I also understand that RSVP may investigate my background and I hereby give me permission to do so. Northwest Community Action Partnership (NCAP) has my permission to take and/or utilize photographs of me and my family as participants in RSVP activities. I understand the photograph(s) may be used in NCAP/RSVP publications, promotional materials, agency displays and in various public media including, without limit to, newsletters, newspapers and website. I understand that I will receive no compensation for the use of the photograph(s).

Volunteer Signature: _____ **Date:** _____

RSVP Staff Signature: _____ **Date:** _____

RSVP is available to all, without regard to race, color, national origin including individuals with limited English proficiency, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information, military service, or any other status protected by law.



Northwest
Community
Action
Partnership

Northwest Community Action Partnership Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Northwest Community Action Partnership (NCAP).

Volunteer Name: _____

Male

Female

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). Please initial here: _____.

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: _____.

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: _____.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: _____.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release NCAP from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: _____.

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: _____.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature

Date: _____

RSVP Staff Signature

Date: _____

Volunteer's Phone Number: Home () - Street City State Zip

Volunteer's Address: _____

The information and suggestions presented by The Glienke Agency, L.L.C. in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.