



<i>FOR OFFICE USE ONLY</i>	
<input type="checkbox"/>	ID Verification Completed
<input type="checkbox"/>	Background screen completed (if applicable)
<input type="checkbox"/>	Servtracker
<input type="checkbox"/>	Volgistics

Please complete all sections. Forms with original signatures are required for enrollment.

Name _____ Date of Application: _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Date of Birth: _____ Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? YES or 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. Please know all RSVP Applicants are approved upon completion in successful results of National Sex Offender Registry conducted by NHC Senior Resource Center.

Driver's License # _____	State _____	Expiration Date _____
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Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience (Current, Past, Preferred): _____

As a RSVP volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information:

Emergency Contact: _____ Relationship: _____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Availability:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Mornings: _____ Afternoons: _____

***Please list any other skills, experience or accommodations here:**

By signing below, I acknowledge that I have read and understand the following statements:

I hereby state that I am 55 years of age or older and offer my services as a volunteer for the New Hanover County Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, New Hanover County, the volunteer station or the Federal Government and agree to serve without compensation.

I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

I understand that as an RSVP Volunteer I must maintain regular communication, including signing in to track volunteer hours, with my volunteer station and/or coordinator. I understand that I must participate in a New Volunteer Orientation prior to choosing, and starting at any site. It is my responsibility to complete the volunteer application and orientation process with the RSVP team at the Senior Center. I also understand that I must complete any training at my volunteer station(s) that is required.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of North Carolina. I will also keep in effect a valid North Carolina Driver's license.

As an RSVP Volunteer I have a right to meaningful work at the available volunteer station of my choice. I understand that at the chosen station I must represent myself, the New Hanover County Senior Resource Center, The New Hanover County RSVP Project and my volunteer station in a professional manner. I understand that by signing this enrollment document I agree to review the volunteer assignment responsibilities for the station(s) of my choice, located in the Volunteer Program Handbook and agree to uphold my job assignment.

RSVP Volunteer Signature _____ **Date** _____

RSVP Coordinator/Director Signature _____ **Date** _____

Equal Employment Agency – New Hanover County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, gender, age or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact New Hanover County RSVP at (910) 798-6406.

Return completed Enrollment Application to: **New Hanover County RSVP Program**
(Original signatures required) **2222 S College Road**
Wilmington, NC 28403

For Questions contact:
Allie Hernandez (910) 798-6406
ahernandez@nhcgov.com

The following information is optional and will not affect your enrollment with NHC RSVP.

Occasionally, NHC RSVP will purchase volunteer recognition items for RSVP members. Please share the size you would use below:

Jacket/Sweatshirt/T-Shirt _____

RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information.

Are you Married? Yes or No Are you a Veteran? Yes or No

Are you an active Military Member? Yes or No

Are any of your family members actively serving in the military? Yes or No

Gender:

_____ Male

_____ Female

Race/Ethnic Background:

___ White ___ Asian ___ African-American ___ Hispanic/Latino

___ Other ___ Pacific Islander ___ American Indian/Alaska Native

We appreciate your desire to volunteer here in New Hanover County. Please **Refer-A-Friend** below to help us continue to help our community!

Name: _____ Phone Number: _____

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, New Hanover County Government or the Corporation of National and Community Service.