



270 SCOTT STREET
 PASO ROBLES, CA 93446
 805.544.8740 Office
 805.544.9146 Fax



SERVING
 SLO & NSBC
 COUNTIES

AmeriCorps Seniors (RSVP) Volunteer Enrollment Form

| | | | | | |
|-------------------|---------------------|-------------------|--------------|---------------|---------------|
| LAST NAME | | FIRST NAME | | MI | TELEPHONE NO. |
| STREET ADDRESS | | CITY | | STATE | ZIP |
| *DATE OF BIRTH | IN EMERGENCY NOTIFY | | RELATIONSHIP | TELEPHONE NO. | |
| E-MAIL ADDRESS: | | | FAX NUMBER: | | |
| CELL PHONE NUMBER | | WORK PHONE NUMBER | | EXT: | |

* Date of birth is NOT optional – it is needed for the RSVP enrollment process.

Employment Experience:

Computer skills/Languages/Training/ Special Skills or Licenses

Current Volunteer Service:

Volunteer Job Preference/Preferred Agency:

Are you a Veteran? Yes No (Please circle) **Active Military Member?** Yes No (Please circle)

Physical/Medical Limitations/Disability?

Would you like to receive communication via your e-mail? Yes No (Please circle)
 (Tri-annual newsletter, welcome letter, Monday e-blast to keep you up-to-date on latest volunteer opportunities, etc.)

(Optional) Gender: Male Female Other (Please circle)

(Optional) Race/Ethnic Background:

White Asian African-American Hispanic/Latin Pacific Islander Pacific Islander
 American Indian/Alaska Native Other (Please circle all that apply)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

The following information is required for RSVP insurance coverage

DESIGNATION OF BENEFICIARY
(RSVP Accident Insurance)

NAME

RELATIONSHIP

ADDRESS

| | | |
|--|--|--|
| | | |
|--|--|--|

LICENSE AND AUTOMOBILE INSURANCE

DRIVER'S LICENSE NUMBER

AUTO INSURANCE CO.

POLICY No.

EXPIRATION DATE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

MUTUAL UNDERSTANDING

A. I _____ volunteer my services through The Retired & Senior
(Please Print Your Name)

Volunteer Program (RSVP) of the Central Coast, and I understand that I am not an employee of RSVP or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California. Please make sure you have provided your driver's license number and Insurance information.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided to me as an enrolled volunteer in the RSVP program. Reporting of my hours may be done on a workstation roster or on a completed monthly report "Volunteer Timesheet" form and mailed, e-mailed, telephoned or Faxed to the RSVP office. If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.

NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to RSVP by the 10th of each month for the preceding month. Station coordinator signature is required on log sheet in order to qualify for reimbursement.

**I understand that if I receive mileage reimbursement at my assigned station from Federal Funds, I will not be eligible for any from RSVP.

If no reimbursement is requested the mileage can be donated to Senior Volunteer Services as an in-kind donation, and based on individual tax situations, may qualify for a deduction.

I understand and agree with the above statements: _____
Volunteer Signature Date

Referred by: _____

Please send signed & completed enrollment form to Linda Loeb at: linda@srvolunteer.org or fax to 805.544.9146

FOR RSVP USE ONLY:

Workstation (s) Assigned: _____ Date Assigned: _____

Signature of AmeriCorps Seniors Manager

DATE

Signature of Senior Volunteer Services Director

DATE



Atascadero Police Department

City of Atascadero
6500 Palma Avenue
Atascadero, CA 93422
(805) 461-5000

Volunteer Application

| | |
|---|---|
| ADDITIONAL APD VIP INFORMATION NEEDED: | |
| Please list any special training, including educational background, which may be utilized during your time as a volunteer. | |
| Please explain any prior volunteer experience, and why you are considering volunteering for the City of Atascadero/Atascadero Police Department. | |
| VOLUNTEER PREFERENCES: Check all that applies to indicate your preference | |
| <p><u>General Interests</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Work Behind the Scenes <input type="checkbox"/> Work with Seniors <input type="checkbox"/> Manual Labor <input type="checkbox"/> Clerical Support <input type="checkbox"/> General Support <input type="checkbox"/> Other: (Explain) | <p><u>Availability</u></p> <p>Days Available (circle): M TU W TH F SA SUN</p> <p>Times Available: _____ (am/pm) to _____ am/pm</p> <p>Additional constraints on your schedule that may affect your volunteer hours:</p> <p>Do you have limitations related to health or physical ability? If so, please explain.</p> |
| | <p><u>Police Department</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Reception Services for Walk-In Customers at PD <input type="checkbox"/> Drive Sensitive Reports to Required Agencies <input type="checkbox"/> Coordination of Vehicle Fleet Maintenance <input type="checkbox"/> Safety and Traffic Patrol Support <input type="checkbox"/> Other: (Explain) <input type="checkbox"/> |



Atascadero Police Department

City of Atascadero
6500 Palma Avenue
Atascadero, CA 93422
(805) 461-5000

Volunteer Application

All Volunteers

Have you been fingerprinted with the City of Atascadero YES / NO If so, when? _____

ALL VOLUNTEERS ARE REQUIRED TO HAVE LIVESCAN FINGERPRINT/BACKGROUND CHECK.

If you have been convicted of a felony you will not be allowed to volunteer with the City of Atascadero

Working with Minors: Public Resources Code Section 5164 prohibits a City from hiring an employee or utilizing a volunteer in a position that has disciplinary or supervisory authority over a minor, if that person has been found guilty of certain offenses as defined in PRC 5164. The City of Atascadero is required to inquire as to whether you have been found guilty of any of the crimes referenced in PRC 5164. By signing below you are certifying that you HAVE NOT been found guilty of any of these crimes. The full context of PRC 5164 is available in the Volunteer Packet.

My signature certifies that all information on this application is true and correct. If I am selected to be a volunteer for the City of Atascadero, I hereby agree to a Livescan fingerprint background check. I further understand and agree that no compensation or benefits are available for volunteer staff. I am, however, covered under the City's Workers Compensation Resolution and coverage, should the need arise. In addition, my signature below hereby authorizes the City of Atascadero to photograph me during the course of my volunteer service, and to utilize and publish such photographs for City related promotional or other purposes, at the City's sole discretion and without further consideration.

Volunteer's Signature: _____ Date: _____

If under 18, Parent's Signature: _____ Date: _____

Volunteer Application Agreement

I certify the above information is true and correct. I agree to a background check if it is determined that my assignment is sensitive enough to require one. I agree that any misstatement or omission of materials or facts is grounds for removal. By signing this, I agree to participate in any orientation and training as required by my assignment.

Signature of Volunteer/Parent or Guardian if application is a minor Date