

RSVP Registration Form



Date: _____

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Email: _____

Driver's License Number: _____ Expiration Date: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

Are you Active duty US Armed Forces? Yes ___ No ___

Branch of Service: _____

Are you a Veteran of the US Armed Forces? Yes ___ No ___

Branch of Service: _____

Are you a Military family member? Yes ___ No ___

Branch of Service: _____

Race / Ethnicity:

White ___ Asian ___ Native American/Indigenous ___

Black /African-American ___ Other ___ Choose not to disclose ___

Hispanic ___ Non-Hispanic ___

Have you served in RSVP elsewhere? Yes ___ No ___ If yes, where? _____

Are you currently volunteering? Yes ___ No ___ If yes, where? _____

Were you referred to RSVP? Yes ___ No ___ If yes, where? _____



City of Albuquerque

HUMAN RESOURCES

Background Investigation Disclosure and Consent Form

Service in Volunteer Programs

In connection with my application for consideration to be accepted as a volunteer with the City of Albuquerque, hereby known as "Volunteer Agency", I understand that investigative reports may be requested that will include information as to my performance, experience, character, general reputation, personal characteristics, or mode of living along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle driving history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. A photocopy of this "Background Investigation Disclosure and Consent" form shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Volunteer Agency and is received within on year of the signature date. An electronic signature shall also be considered as valid as the original.

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a volunteer with the City of Albuquerque.

Power to refuse, renew or revoke placement as a volunteer:

The City has jurisdiction over the acceptance and placement of volunteers within the City of Albuquerque and may refuse to grant or renew or may revoke placement to engage in volunteer service within the City of Albuquerque governmental organization.

Any volunteer may be rejected for any reason, and no reason for the rejection need be given to a volunteer. All information shall be kept safeguarded to prevent non-allowed disclosure, release, loss or misuse and to ensure that only authorized persons have access to such confidential information, except as provided by law.

Signature _____
Date

VOLUNTEER INFORMATION– Please complete ALL blanks

Last Name **First Name** **Full Middle Name** **Social Security Number**

Maiden Name **Other Names, Nicknames or Aliases used** **Date of Birth (Month/Day/Year)**

Present Address **Number/Street/Quadrant** **City** **State** **Zip Code** **How Long**

Previous Address (Within last 7 years) **Number/Street/Quadrant** **City** **State** **Zip Code** **How Long**

Driver's License Number **State Issued** **Expiration Date** **Operator Type**

City of Albuquerque Information: Department: _____ **Requested by:** _____

The Department of Senior Affairs, Retired and Senior Volunteer Program

RSVP Volunteer Interests

Senior Centers

Information and Assistance _____

Front Desk _____

Kitchen Help _____

Class Instructor _____

Sports & Fitness _____

Computer Entry _____

Other _____

City of Albuquerque Affiliates

Airport _____

Bio Park / Zoo _____

Museum _____

Animal Shelter _____

Food Distribution

Food Pantry _____

Meal Delivery* _____

Seasonal / Special Projects and / or Special Events _____

Other: _____

** Assignment may require a City Operator's Permit if using a City Vehicle*

I acknowledge that I have read and understand the following statements:

I am 55 years of age or older and offer my services as a volunteer for the City of Albuquerque, Retired and Senior Volunteer Program (RSVP). I understand that I am not an employee of RSVP, the Department of Senior Affairs, the City of Albuquerque, the Federal Government or the volunteer station / agency where I serve. I agree to serve without compensation.

In order to be in compliance as an RSVP volunteer, I have attached a copy of my Government ID with this registration form.

Transportation

Senior Center Driver* _____

Client Transportation* _____

Human Services

Hospital _____

Hospice Care _____

Nursing Home _____

Behavioral Health _____

Clerical (various agencies)

Data Entry _____

Mailings / Publications _____

Reception Desk _____

Misc. Opportunities:

TV / Radio _____

Veterans / Military _____

Children _____

Signature

Date

The Department of Senior Affairs, Retired and Senior Volunteer Program

Travel Reimbursement Optional

As an RSVP volunteer, you have the option to receive up to \$25 a month for your travel to and from your volunteer assignment. Copies of your valid New Mexico Driver's license and Vehicle Insurance coverage are required to receive this incentive.

Name of Insured (Volunteers Name): _____

Driver's License Number: _____ Expiration Date: _____

Automobile Insurance Company: _____

Policy Number: _____

Volunteer's Social Security number is required in order to issue payments by the City of Albuquerque.

Social Security Number: _____

Beneficiary information for Supplemental Accident Insurance:

Beneficiary's Name: _____

Phone #: _____ Relationship: _____

I acknowledge that I have read and understand the following statements:

I will maintain a valid Driver's License and keep my personal Vehicle Insurance policy current and up to date. A copy of my proof of vehicle insurance will be kept with me while driving to and from my volunteer assignment.

In order to be in compliance as an RSVP volunteer, I have attached a copy of my proof of vehicle insurance with this registration form.

Signature

Date

The Department of Senior Affairs, Retired and Senior Volunteer Program

RSVP Volunteer Orientation



As an RSVP volunteer, understand that I am responsible to adhere to a code of ethics similar to the professionals in the organization where I serve. In agreeing to serve, I assume certain responsibilities and am expected to be accountable for what I do and say. I will honor the goals, rules and regulations of the program. I will keep confidential matters confidential. I interpret volunteering to mean that I have been accepted as a "partner-in-service" and I am expected to do my volunteer duties according to the highest level of standards. I promise to serve with an attitude of open mindedness and to be willing to be trained according to the standards and practices of the organization. I believe my attitude toward volunteer duties should be professional and pleasant. I believe that I have an obligation to my responsibilities, to those who oversee it, to my colleagues, and to the public. Being eager to contribute all that I can to the goals of the program, I will show up willing to be present and enthusiastic about the goals at hand.

Volunteer Initials _____

Confidentiality Agreement

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.

Volunteer Initials _____

Please indicate by initial if RSVP/City of Albuquerque may have permission to use your photo?

I hereby grant RSVP, permission to use my likeness in photograph(s) /video(s) in any and all of its publications or on the World Wide Web, whether now known or hereafter existing, controlled by RSVP, in perpetuity. I will make no monetary or other claim against RSVP for the use of these photograph(s)/video(s).

Volunteer Initials _____

7.1.3 Assignment Descriptions Volunteer stations provide a written outline of duties or description of individual assignments [45 CFR 2553.12(c) and 2553.62]. These should be maintained on file in the AmeriCorps Seniors RSVP office or at the volunteer station and a copy should be given to each volunteer when assigned. Written assignments help to identify and clarify what the volunteer is expected to do and help to avoid misunderstanding. (See Appendix B.4 for a sample AmeriCorps Senior volunteer assignment description.)

https://www.americorps.gov/sites/default/files/document/RSVP%20Handbook_2021.4.pdf

I received my volunteer handbook and understand that it is my responsibility to fully read, and comply with the entire handbook. I also received training in Web Assistant and feel comfortable entering my volunteer hours on a daily basis. I will report all concerns to my volunteer station manager. If my station manager cannot address my concerns or answer my questions I will contact the RSVP Office at (505)767-5225.

Volunteer Signature

Date

RSVP Supervisor Signature

Date