

RSVP Volunteer Program

Western Dairyland E.O.C., Inc.
P.O. Box 125
Independence, WI 54747



Lead with Experience!

(800) 782-1063 Ext. 1205
OR (715) 985-2391 Ext. 1205
Cheryl.padula@wdeoc.org

VOLUNTEER REGISTRATION

First Name

Last Name

Street Address (& mailing address, if different)

City

State

Zip Code

Phone Number

E-mail Address

Gender Male Female

Birthdate (month/day/year)

Ethnicity

White/Caucasian

Native American

Asian

Hispanic/Latino

African American

Pacific Islander

Do you have a disability or any restrictions?

Yes

No

Are you a veteran of the U.S. Armed Forces?

Yes

No

How did you hear about the RSVP Volunteer Program?

Do you currently volunteer?

Yes (Where?)

No

Education

Elementary

Bachelor's Degree

High School Grad/GED

Master's Degree

Vocational

Ph.D

Associate's Degree

Past Occupations:

Hobbies:

Places you would like to volunteer:

Are you willing to be put on an On-call list for special events/projects?

Yes

No

OVER



SKILLS & AREAS OF INTERESTS (PLEASE CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Hospitals/Nursing Homes | <input type="checkbox"/> Schools/Education | <input type="checkbox"/> Musical Entertainment |
| <input type="checkbox"/> Congregate/Senior Meals | <input type="checkbox"/> Reading | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Food Pantries | <input type="checkbox"/> Tutoring/Mentoring | <input type="checkbox"/> Bingo/Games/Card Playing |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Share a Hobby | <input type="checkbox"/> Quilting/Sewing |
| <input type="checkbox"/> Libraries | <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Thrift Stores | <input type="checkbox"/> Greeter/Receptionist | <input type="checkbox"/> History |
| <input type="checkbox"/> Outdoors/Environmental | <input type="checkbox"/> Coordinating Projects | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> RSVP Advisory Council | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Volunteer Driving | <input type="checkbox"/> Computers | <input type="checkbox"/> Other |

Information for Supplemental Insurance Coverage

RSVP provides secondary accidental and liability insurance for volunteers while they are participating in volunteer activities. A complete explanation of benefits will be provided to you.

Automobile Liability Insurance

Will you drive your personal vehicle to/from or during your volunteer activity? Yes No

If yes, **you must** provide: _____ / _____ / _____
Driver's License # **Expiration**

I understand that if I use my personal vehicle in my volunteer service, I must carry minimum state required liability insurance coverage.

YES, my vehicle is insured by: _____
AUTO INSURANCE COMPANY

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Beneficiary for Supplemental Accident Insurance:

In the case of accidental loss of life or dismemberment while volunteering, designate a beneficiary:

_____		_____	
BENEFICIARY'S NAME		PHONE NUMBER	
_____		_____	_____
STREET ADDRESS		CITY	STATE ZIPCODE

PHOTO RELEASE

I have no objection to the use of my picture by RSVP for the specific purpose of publicity, public relations, or educational promotion, providing it is legitimately published with discretion, I have given my consent.

AGREE **DISAGREE**

The individual will volunteer services through the Western Dairyland RSVP Program without an expectation of pay, and there is agreement that the individual is not an employee of Western Dairyland Economic Opportunity Council, Inc.

_____	_____
Volunteer's Signature	Date

_____	_____
RSVP Program Staff Signature	Date

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“Leading with Experience”

CONFIDENTIALITY STATEMENT

It is important to the Western Dairyland RSVP Volunteer Program to maintain confidentiality of private information relating to your RSVP volunteer placement. During the course of your volunteer activities you may come across confidential information about the people, services, and organization you volunteer with. Discussing or sharing confidential information on a casual basis at your volunteer site, in your home, or in public violates privacy. Any questions regarding confidentiality should be directed to the volunteer site supervisor or RSVP Program Director.

Confidential information includes but is not limited to:

- Written records, documents, forms, messages
- Electronic files, emails, software content
- Casual conversations, meetings, phone calls, verbal messages
- Personal information about clients, patients, participants, students, staff, volunteers
- Information on volunteer site operations, financials, and activities

CONFIDENTIALITY AGREEMENT

During the course of activities as a RSVP Volunteer, I understand that it is my legal and ethical responsibility to keep confidential all information that relates to my RSVP volunteer activities. I understand that if I breach confidentiality, whether intentional or unintentional, I may be subject to disciplinary action.

By signing my name below, I acknowledge that I have read and understood the information on this form. I also understand that a copy of this form will be provided to the RSVP volunteer site where I am assigned if requested by the site supervisor.

Name (Please Print)

DATE

SIGNATURE