

Sponsored by Triton College  
2000 N. Fifth Ave., River Grove, IL 60171 • (708) 456-0300, Ext. 3835

## Volunteer Enrollment Application

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Township: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Mobile Phone No. (\_\_\_\_) \_\_\_\_\_

**Can we text you?** \_\_\_ Yes \_\_\_ No **E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** Female Male **Are you a veteran?** \_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Do you have reliable transportation to travel to a volunteer site? \_\_\_ Yes or \_\_\_ No

Mode of transportation: \_\_\_ personal vehicle\* \_\_\_ public transportation \_\_\_ other: \_\_\_\_\_

*\* If driving your own vehicle, please provide information below.*

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of auto insurance company: \_\_\_\_\_ Coverage: Full or Liability Only

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As a RSVP volunteer, you will be covered by supplemental accident and personal liability insurance including a minimal death benefit while volunteering. The coverage is automatic and free of cost to you as long as you are an active member of RSVP.

Please provide the name of a beneficiary below (for the supplemental insurance)

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: #: \_\_\_\_\_

Address: \_\_\_\_\_

### Voluntary Questions

RSVP is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify in the categories listed below. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in statistical reporting. When reported, data will not identify any specific individual.

*What is your race/ethnicity?* (Please mark only one) \_\_\_ Hispanic or Latino/x \_\_\_ White \_\_\_ Black or African American

\_\_\_ Asian \_\_\_ Two or More \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ American Indian or Alaska Native

*Do you identify as a member of the LGBTQ+ community?* Yes No Prefer not to say

*Are you disabled?* Yes No Prefer not to say

## VOLUNTEER PLACEMENT/INTERESTS

Check your interests below. An RSVP staff member will follow up with you.

Hospital setting

Help people with cognitive challenges

RSVP Advisory Council (serve as a member)

Work with dogs and/or cats

Help/work with veterans

Help at the forest preserve

Help support at a food bank

Guide/direct people at offices/hospitals/waiting rooms

Office setting (clerical work)

Work with immigrants/migrants to provide resources

Work with children (2yrs-10yrs old)

Help adults improve their English proficiency and literacy

Work with teenagers)

Deliver meals to people in need

Help serve food at a meal center

Help at one-time events throughout the year

Other: \_\_\_\_\_

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## PHOTO CONSENT/RELEASE

I **give** RSVP permission to use my likeness in photographs/videos in any of its publications or on the internet, controlled by RSVP in perpetuity. I will make no monetary or other claims against Triton College's RSVP for the use of these photographs/videos.

I **DO NOT** give RSVP permission to use my likeness in photographs/videos.

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## ENROLLMENT CONFIRMATION

I agree to the following statements: (**initial each #**)

1.  Understand that once enrolled into RSVP, I am not considered an employee of AmeriCorps or Triton College
2.  Am offering my services as a volunteer without any compensation for my time
3.  Agree to submit monthly timesheets to the RSVP office
4.  Will follow confidentiality policies
5.  Will follow policies set by RSVP and my assigned volunteer station

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director or Coordinator

\_\_\_\_\_  
Date

The Retired and Senior Volunteer Program of Triton College is an equal opportunity agency. Enrollment is done without regard to race, color, national origin, individuals with limited English proficiency, sex, age, religion, sexual orientation, disability, political affiliation, marital or parental status, or military service.

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### **FOR OFFICE USE**

Enrolled (date entered in database): \_\_\_\_\_ By: \_\_\_\_\_ Welcome Packet Sent: (date) \_\_\_\_\_