



## UMaine Center on Aging RSVP

Camden Hall  
25 Texas Avenue  
Bangor, ME 04401-4324

Tel: (207) 262-7926, Fax: (207) 262-7921



### **VOLUNTEER REGISTRATION FORM**

Please print, complete all sections front and back; then send to the address above. *Thank you.*

#### **Personal Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ ME Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous work or occupation: \_\_\_\_\_

Special qualifications/skills/languages: \_\_\_\_\_

Do you have any limitations or barriers to your volunteering that we should be aware of?

YES \_\_\_\_ NO \_\_\_\_ If YES, explain \_\_\_\_\_

Are you currently volunteering? YES \_\_\_\_ NO \_\_\_\_ If so, where? \_\_\_\_\_

Are you a veteran? YES \_\_\_\_ NO \_\_\_\_ Are you the spouse of a veteran? YES \_\_\_\_ NO \_\_\_\_

#### **References:**

Please list the names addresses and phone numbers of two (2) people (not family members) who can serve as character references for you.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

#### **DESIGNATION OF BENEFICIARY FOR (no-cost) RSVP ACCIDENT INSURANCE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Please turn over and continue on reverse side.**

How did you learn about RSVP? \_\_\_\_\_

### **FOR DRIVERS**

Do you hold a valid Driver's License: YES \_\_\_\_ NO \_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

**PLEASE NOTE:** Up-to-date auto insurance information, in the form of your insurance card, must be on file for those who hold a valid driver's license.

- A copy of your card, or all the information from your card, may be attached to this document or your insurance company may fax a copy of this information to **207-262-7921**.
- Auto Insurance Information will need to be updated yearly.
- All information will be kept strictly confidential.

When funding levels allow, RSVP can reimburse you for mileage (30 cents per mile, up to \$24 per month) if your ability to volunteer would be limited without it.

Do you wish to request mileage reimbursement? YES \_\_\_\_ NO \_\_\_\_

### **Volunteer Agreement**

- *I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.*
- *I understand the importance of, and I agree to maintain the confidentiality of information about staff, volunteers, clients or other persons.*
- *My volunteer service is important to me and to my volunteer site. I agree to give notice if I am unable to perform my tasks.*
- *I volunteer my services through the UMaine Center on Aging and understand that I am not an employee of that agency.*
- *I certify, under threat of perjury, that I have never been convicted of murder.*

Volunteer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

2/29/2016

Age/DOB Verified By Photo ID \_\_\_\_ Other \_\_\_\_ Specify \_\_\_\_\_

RSVP Staff Verifying DOB \_\_\_\_\_

RSVP Coordinator' signature: \_\_\_\_\_ Date \_\_\_\_\_