



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 know?

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.

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.*
- *I grant permission for this RSVP to run a National Sex Offender check and possibly a State Bureau of Investigation background check, depending upon my volunteer activity such as serving children or vulnerable older adults.*

Volunteer's signature: _____ **Date:** _____

For Office Use Only

7/23/2019

Age/DOB Verified By Photo ID ____ Other ____ Specify _____

RSVP Staff Verifying DOB _____

RSVP Staff Signature: _____ Date _____

RSVP Staff Title _____