



# KITSAP COUNTY

## RSVP VOLUNTEER ENROLLMENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, St Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**PERSON TO NOTIFY IN EMERGENCY:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### TRANSPORTATION: (Please check one)

Bus \_\_\_\_\_ Car \_\_\_\_\_ Taxi \_\_\_\_\_ Carpool \_\_\_\_\_ Walk \_\_\_\_\_ None \_\_\_\_\_

Do you have a valid Washington State Driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Beneficiary(s) for RSVP Accident Insurance

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

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

I hereby volunteer my services through the Kitsap County RSVP. If I use my car in volunteer service, I will keep in effect the minimum Liability Insurance. I hereby authorize and give full consent to Lutheran Community Services Northwest, and those acting under their permission, the right to use my photograph and/or video or audio recordings of me for illustration, advertising or publicity purposes. I waive any claim for compensation, damages or otherwise in connection with such use. I understand that this permission encompasses any and all time.

**In order to be covered by the RSVP supplemental insurance (no charge) while volunteering at your current volunteer assignment, you must submit hours for that assignment.**

**All information is kept confidential and is not distributed to outside sources. By signing this enrollment form, I agree and authorize a National Sex Offender Public website search at nsopw.gov. This search will be conducted if the volunteer position is episodic. These results can be reviewed by enrollee at any time.**

**I affirm that the information I have provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Signature of RSVP Staff)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

Are you currently volunteering? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide the agency name and date(s) of your volunteer service:

Agency Name: \_\_\_\_\_ Date(s) of Service \_\_\_\_\_

Have you ever volunteered before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Physical Limitations: \_\_\_\_\_

Volunteer Job Location Preferred: \_\_\_\_\_

Agency Where Volunteering: \_\_\_\_\_

(If currently already at a job site)

How did you find out about us? Newspaper: \_\_\_\_\_ Brochure: \_\_\_\_\_ Friend: \_\_\_\_\_

Seminar: \_\_\_\_\_ Radio: \_\_\_\_\_ Television: \_\_\_\_\_ Senior Fair: \_\_\_\_\_ Internet: \_\_\_\_\_

**Special Note:** We frequently get calls from various agencies looking for volunteers for special events. These are considered to be short-term assignments and can last anywhere from on day to one month. When we receive these calls, we turn to you, the RSVP Volunteer, to fill the need. May we call you to see if you are interested in working at any of these special events? **Saying yes in no way obligates you to work at any special event.**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

May we contact you via email? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Email: \_\_\_\_\_

Military Identification Card: YES / NO

**Optional Data**

We are required by our granting organizations to ask for this information, but you are not required to answer it. This information is used to report numbers only, and will not be used in any other fashion.

Tribal Member: Yes / No      Veteran: Yes / No      Disabled: Yes / No

Please indicate the ethnic group to which you belong:

\_\_\_\_\_ African-American      \_\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_\_ Caucasian (non-Hispanic/Latino)

\_\_\_\_\_ Hispanic/Latino      \_\_\_\_\_ Asian      \_\_\_\_\_ Pacific Islander      \_\_\_\_\_ Other Multiracial

Country of origin \_\_\_\_\_ Language \_\_\_\_\_

***Please Return Your Completed Volunteer Application Form to:***

**RSVP**

**645 4<sup>th</sup> Street, Suite 202  
Bremerton, WA 98337-1402**