

## Volunteer Enrollment Form

### RSVP of Berks, Pike and Wayne Counties

*Please Print*

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

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

**How did you hear about RSVP?** \_\_\_\_\_

**Volunteer Clearances Agreement** - Please Initial \_\_\_\_\_ I understand that every new volunteer will require a PA State Criminal History clearance before any placement is made. This ensures and maximizes the safety of volunteers and the clients served. I give my permission for such clearances to occur, or will provide my own. To obtain your own free volunteer background check, please go to: <https://epatch.state.pa.us/Home.jsp>. Please bring a copy of your certification to your volunteer orientation appointment.

Have you ever been convicted of a felony? Yes  No

**Emergency Contact:** \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiary for Supplemental Volunteer Accident Insurance:**  Check if same as Emergency Contact

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

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

**Please provide two references (non-family members) that you have known for at least two years.**

Reference #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reference #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**RSVP is often asked to provide demographical information pertaining to volunteers \*(Optional).**

\*Are you a Veteran? Y / N

\*Member of US Armed Forces? Y / N

\*Family active military? Y / N

\*Are you disabled? Y / N

\*Sex M/F

\*Gender \_\_\_\_\_

\*Do you identify as a member of LGBTQ? Y / N

\*Hispanic/Latino? Y / N

\*Race/Ethnic Background: \_\_\_\_\_

\* Please circle if applicable:

African American/Black

Asian/Asian American

Hispanic/Latino

Native American or Alaska Native

Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino

Two or more races

White/Caucasian

Thank you for any information that you have provided.

Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP.

(10/19/2022)

**Please check your area(s) of interest in serving:**

- Delivering Meals on Wheels
- Assist at Food Pantry
- Assist at a Senior Center
- Ombudsman
- American Red Cross
- Friendly Caller
- Pike County Hands of Hope
- PA Medi Medicare Insurance Counseling
- Ladore Camp, Retreat & Conference Center
- Salvation Army Honesdale Extension
- Berks Encore
- Colebrookdale Railroad
- Diakon Volunteers Serving Seniors
- Brandywine Library
- Boyertown Area Multi-Service
- Junior Achievement of SEPA
- Miller Keystone Blood Center
- Helping Harvest

**Please check your availability:**

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							

**Interests/Hobbies/Work Experience/Volunteer Experience:**

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**If currently volunteering, please provide location** \_\_\_\_\_

**Volunteer Handbook Policies, Agreements and Certifications**

Active Volunteers, On Leave, Background Checks, Confidentiality, Volunteer Safety Policy, Use of Automobile, Photography Waiver, Code of Conduct, Drug Free Workplace Policy

\_\_\_\_\_ (Initial) I have read, understand, and agree to the above volunteer policies and certifications in the Volunteer Handbook.

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Thank you for completing this application form and for your interest in volunteering with us.***

\*Please return completed form to your respective county's RSVP office.

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