

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: _____

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

*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.

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
- Hope for Reading

Please check your availability:

| | Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|-----------|-----|-----|-----|-----|------|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |

Interests/Hobbies/Work Experience/Volunteer Experience:

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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