



Diakon Community Services | AmeriCorps Seniors RSVP, serving Clinton, Lycoming, Union, Snyder, & Northumberland

Enrollment Form (Volunteer and/or Advisory Council)

Please print and complete all sections.	
Name:	Birth Date:
Mailing Address:	
Apartment/Suite/Unit:	
City:	Zip:
Phone:	Cell Phone:
Email:	
Equal Employment Agency – AmeriCorps Seniors and Diakon are an equal religion, national origin, sex, age or disability. AmeriCorps Seniors RSVP an disabilities of individuals in compliance with the Americans with Disabiliti accommodations to complete the application process, please contact Chr	nd Diakon provides reasonable accommodations to the known ies Act. For accommodation information or if you need special
Physical/Medical Limitations:	
Do you give permission for RSVP to perform state or d	
Do you give permission for RSVP to share state or driv	ring background checks with volunteer
stations? □Yes □No	
Have you ever been convicted of a felony? \square Yes	□No
Emergency Contact:	Relationship:
Phone:	Cell Phone:
Beneficiary for AmeriCorps Seniors RSVP Supplemental A	
Address:	
Apartment/Suite/Unit:	
City:	
Phone:	Cell Phone:
Employment Experience:	
Special Skills/Interests/Hobbies/Languages:	
Volunteer Experience (Current, Past, Preferred):	
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References			
Name	Phone	Email	
	<u> </u>		
Please indicate if AmeriCorps	Seniors RSVP may have permission	n to use your likeness?	
		on to use my likeness in photograph(s)/video(s) in	
any and all of its publications	or on the world wide web, whether	now known or hereafter existing, controlled by	
AmeriCorps Seniors RSVP and	Diakon in perpetuity. I will make r	no monetary or other claim against AmeriCorps	
Seniors RSVP and Diakon for the	he use of these photograph(s)/vide	o(s).	
$\ \square$ I do not give permission to	use my likeness in photograph(s)/	video(s) to AmeriCorps Seniors RSVP and Diakon.	
Certifications			
		e read and understand the following statements:	
☐ (Volunteer only) I hereby state that I am 55 years of age or older and offer my services as a volunteer for the			
Retired and Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP			
-	nty, the volunteer station, or the Fe	deral Government and agree to serve without	
compensation.			
		presentative in RSVP I may encounter confidential	
information. I agree to protect	ct this information to the best of m	y ability and not to disclose it during or after my	
service as a representative has	s ended.		
☐ I understand that if I use my personal automobile during my representative service, I will arrange to keep in			
effect automobile liability insurance equal to or greater to the minimum requirements of the state of Pennsylvania.			
I shall keep in effect a valid St	ate Driver's license.		
☐ I understand that RSVP representatives are prohibited from unlawful manufacture, distribution, dispensing,			
possession, or use of a controlled substance at any of RSVP facilities, events, assignment location and/or that of			
any RSVP affiliate site.			
$\ \square$ I acknowledge that I have	been given a Volunteer and/or Adv	visory Council Handbook and will follow the RSVP	
code of conduct and other policies as outlined in the Volunteer Handbook and/or Advisory Council.			
I affirm that the facts set forth in the application are true and complete. I understand that any false statements, omissions, or other misrepresentation on this application may result in immediate dismissal.			
omissions, or other	misrepresentation on this applica	ntion may result in immediate dismissai.	
Vol. or A.C. Signature:		Date:	
RSVP Staff Signature:		Date:	
Thank you for completing this application form and for your interest in volunteering with us.			
Please feel free to call with any questions 866-844-9091.			
	Return this form	to the	
Diakon Community Ser		ppropriate representative, by email or mail.	
Program Manager	Program Coordin	ator Program Coordinator	

Program Manager
Chris Barton
435 West Fourth St.
Williamsport, PA 17701
(570) 419-7858
BartonC@Diakon.org

Program Coordinator Cathy Ballat 47 Cooperation Lane Mill Hall, PA 17751 (570) 419-5941 BallatC@Diakon.org

Program Coordinator Jenelle Longacre 7495 Westbranch Hwy Lewisburg, PA 17837 (570) 419-8044 LongacreJ@Diakon.org