



**C.E.F.S. Economic Opportunity Corporation
Retired and Senior Volunteer Program (RSVP)
Clay, Effingham, Moultrie and Shelby Counties
RSVP Volunteer Enrollment Form**



Please Print

Name: _____ Date: _____

Street: _____ City: _____ State/Zip: _____

County (*choose one*): Clay _____ Effingham _____ Moultrie _____ Shelby _____

Phone: _____ Cell: _____ Email: _____

Birthdate: ____/____/____ Male _____ Female _____ Are you a veteran? _____ Yes _____ No

Please circle: (optional) *Hispanic/Latino* *Non-Hispanic or Non-Latino*

Please circle: (optional) *White* *Asian* *Pacific Islander*
Black/African American *American Indian*

Driver's License # and State of Issue: _____ Expiration Date: _____

*Auto Insurance: Yes ___ No ___ * Automobile insurance equal to the minimum state requirement must be kept current.

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Beneficiary for RSVP Supplemental Insurance:

Name: _____ Phone: _____

Address: _____ Relation: _____

➤ RSVP volunteers receive **free supplemental** accident and liability insurance while you are performing volunteer activities at a volunteer site. This is **not a substitution** for your current insurance.

Where are you currently volunteering and what do you do there? _____

Previous Work/Occupation: _____

Clubs, Church, Organizations you belong to: _____

Physical Limitations: _____

***I AM INTERESTED IN ADDITIONAL VOLUNTEER IDEAS _____ Yes _____ No

***I WOULD LIKE TO BE CONTACTED FOR SHORT TERM ASSIGNMENTS _____ Yes _____ No

***I agree to record my volunteer hours and send in the time sheet monthly. A minimum of 3 hours of service must be contributed for every 90 days to remain an active RSVP member.

Interests: Please check all that interest you...

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Education/Literacy | <input type="checkbox"/> Gift Shops | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Advisory Council/Board | <input type="checkbox"/> Greeter | <input type="checkbox"/> Red Cross |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health Education | <input type="checkbox"/> Senior Fair Booths |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Home Repair/Maintenance | <input type="checkbox"/> Senior Nutrition - GCNP
or Peace Meals |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Hospice | <input type="checkbox"/> Sewing/Quilting |
| <input type="checkbox"/> Card Games | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> SHIP (Health Ins. Counseling) |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Income Tax Assistance | <input type="checkbox"/> Teacher's Aide |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Thrift Shop |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Intergenerational Programs | <input type="checkbox"/> Tourism Information |
| <input type="checkbox"/> Conservation/Environment | <input type="checkbox"/> Letter Writing/Pen Pal | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Library | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> Counseling/Advocacy | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Crocheting/Knitting | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Wheelchair Escort |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Museums | Other Interests: _____ |
| <input type="checkbox"/> Driving-Meals on Wheels | <input type="checkbox"/> Music | _____ |
| <input type="checkbox"/> Driving-Medical Transport | <input type="checkbox"/> Newsletters | _____ |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Office Assistance | _____ |
| <input type="checkbox"/> Friendly Visitation/Elderly | <input type="checkbox"/> Public Safety | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking | _____ |
| <input type="checkbox"/> Gardening/Environment | <input type="checkbox"/> Receptionist | _____ |

Acknowledgement of Volunteer Mandated Reporter Requirement:

To ensure the safety and security of our program participants, each volunteer is required to acknowledge their responsibilities as a Mandated Reporter.

C.E.F.S. Economic Opportunity Corporation does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct ("prohibited conduct") to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all volunteers, we have adopted mandatory procedures that volunteers must follow when they reasonably suspect, learn of or witness prohibited conduct.

Abuse or molestation means each, every, and all actual, threatened or alleged acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct performed by one person or by two or more persons acting together.

All C.E.F.S. volunteers are considered to be "Mandated Reporters". Volunteers who learn of or have a reasonable suspicion of prohibited conduct must immediately reported it to the C.E.F.S. RSVP Program Director or the C.E.F.S. Chief Operations Officer at (217)342-2193. If the victim is an adult, the incident of abuse or neglect will be reported by the volunteer agency designee in compliance with the Adult Protective Services Act of Illinois. If a child is the victim of abuse or neglect, the incident will be reported by the volunteer to the agency designee who will report the incident in compliance with the Abused and Neglected Child Reporting Act. C.E.F.S. prohibits retaliation against anyone, including a volunteer, who in good faith reports prohibited conduct. Retaliation against a program participant in the investigation is also prohibited.

Volunteer Acknowledgement:

Please sign the C.E.F.S./RSVP Volunteer Enrollment Form and return it to the RSVP Program Director.

Volunteer Signature: _____ Date: _____

County Coordinator Signature: _____ Date: _____

RSVP Director Signature: _____ Date: _____