

**SOUTHEAST SOUTH DAKOTA'S RSVP  
VOLUNTEER ENROLLMENT FORM**



**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATE OF BIRTH (REQUIRED):** \_\_\_\_\_ *MUST BE 55 YEARS OLD TO BE AN RSVP VOLUNTEER*

**Are you a Veteran?:** YES  NO  **Are you a Family Member of a Vet?:** YES  NO

**Current Member Armed Forces?:** YES  NO  **Family Member Currently Serving in the Armed Forces?:** YES  NO

**Will you drive to/from your volunteer activities?** YES  NO  *IF NO, SKIP RSVP VOLUNTEER DRIVER STATEMENT.*

**RSVP VOLUNTEER DRIVER STATEMENT:** *I understand that if I use my personal automobile while volunteering, I will keep in effect a valid driver's license and auto insurance equal to or greater than the minimum required by South Dakota law or by the state where my auto is insured.*

**Driver's License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**PERSONAL EMERGENCY CONTACT**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**RSVP VOLUNTEER SUPPLEMENTAL ACCIDENT and LIABILITY INSURANCE** is provided (plus a small accidental death benefit) while you perform volunteer duties. This policy is secondary to your primary insurance and includes a death benefit, which can only be claimed if death is a result of a volunteer assignment. This coverage is automatic and free of cost if you are an active, enrolled member of RSVP. Please provide the following information:

**Beneficiary Name:** \_\_\_\_\_ **Beneficiary Relationship:** \_\_\_\_\_

**Beneficiary Phone:** \_\_\_\_\_ **Beneficiary Address:** \_\_\_\_\_

<b>DEMOGRAPHIC INFORMATION: (OPTIONAL: FUNDERS OFTEN ASK US FOR DEMOGRAPHIC INFORMATION)</b>		
<b>ETHNICITY</b>	<b>GENDER</b>	<b>MEMBER LGBTQ?</b>
<input type="checkbox"/> Hispanic, Latino or Spanish Origin	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
<input type="checkbox"/> Not Hispanic, Latino or Spanish Origin	<input type="checkbox"/> Male	<input type="checkbox"/> No
	<input type="checkbox"/> Gender Fluid/Not Identified	
<b>RACE</b>		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-race (any two or more of the above)	

PLEASE COMPLETE OTHER SIDE OF FORM.

What type of volunteer work are you interested in? \_\_\_\_\_

Describe your past occupation and/or volunteer experience. \_\_\_\_\_

Please list site(s) where you currently volunteer. \_\_\_\_\_

Any physical/medical limitations? \_\_\_\_\_

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

Are you interested in being on our special list for one-time volunteer opportunities? YES  NO

**PLEASE READ AND INITIAL BELOW:**

\_\_\_\_\_ *By initialing, I hereby grant United Way of Greater Yankton and/or Southeast South Dakota's RSVP permission 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 United Way of Greater Yankton and/or SESD RSVP in perpetuity. I will make no monetary or other claim against United Way of Greater Yankton and/or SESD RSVP for the use of these photograph(s)/video(s).*

\_\_\_\_\_ *By initialing, I agree to be bound to the policies and procedures that were reviewed with and provided to me by SESD RSVP Program Staff.*

\_\_\_\_\_ *By initialing, I hereby give RSVP consent to conduct a minimal background check including at search of my name on the National Sex Offender website. I also understand that a Volunteer Workstation may require a national criminal history check if my volunteer responsibilities include working with vulnerable individuals and/or it is their policy.*

This document will be kept on file to confirm the receipt of SESD's RSVP Volunteer Handbook. I affirm that the RSVP Project Coordinator reviewed the RSVP Volunteer Handbook and the RSVP policies with me, and I understand these documents are on file for me to review at any time.

**I certify that I have received and understand and will voluntarily execute my signature, this day, with full knowledge of its significance.**

\_\_\_\_\_  
**VOLUNTEER SIGNATURE** (REQUIRED)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RSVP PROJECT COORDINATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

THANK YOU FOR PROVIDING THE ABOVE INFORMATION. YOUR INFORMATION IS NEVER SOLD, SHARED, OR USED OUTSIDE OF SESD RSVP OR AMERICORPS.