

SOUTHEAST SOUTH DAKOTA RSVP VOLUNTEER ENROLLMENT FORM



Full Legal Name _____ *Address – City – State - Zip* _____

Telephone _____ *E-mail* _____

Date of Birth _____ *Driver’s License #* _____ *State Issued* _____ *Expiration Date* _____

Emergency Contact and RSVP Insurance Beneficiary -Name, Relationship, Address, Phone # _____

Please list any employment experience: _____

Please list any special skills/interests/languages: _____

Please list any volunteer experience (current, past, preferred): _____

Please list the days and hours you are available to volunteer:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Weekends _____ Evenings _____

Yes	No	Please check yes or no on all the following questions.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be driving a car to the workstations?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have auto liability insurance?

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_____ 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, _____, (Printed Name) **certify that I have received and understand and will voluntarily execute my signature, this day, _____, (Date) with full knowledge of its significance.**

RSVP Volunteer Signature: _____

RSVP Project Coordinator Signature: _____

Thank you for providing the above information. Your information is never sold, shared, or used outside of SESD RSVP or the Corporation of National and Community Service.

Southeast South Dakota RSVP
610 W 23rd Street, Suite 11
Yankton, SD 57078
RSVP Project Coordinator
rsvp@yanktonunitedway.org

Project Coordinator Interview Notes: _____