



LINCOLN HILLS DEVELOPMENT CORPORATION AMERICORPS SENIORS RSVP VOLUNTEER ENROLLMENT FORM

Please print and complete all sections. AmeriCorps requires a signature for enrollment.

Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Shirt Size: _____ Are you a Veteran? _____ Is your spouse a veteran? _____

Have you ever been convicted of a felony? Yes/No

If Yes, please attach an explanation of charges, date of offense, and status of the charges.

As an AmeriCorps Seniors volunteer, you will be covered by an accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active RSVP volunteer. Please provide the following information.

Emergency Contact: _____ Phone: _____

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please complete the following for each member of your household:

Household Member Name	Date of Birth	Ethnicity	Race	Education

Please indicate if Lincoln Hills Development Corporation AmeriCorps Seniors RSVP may have permission to use your likeness?

I hereby grant Lincoln Hills Development Corporation RSVP permission to use my likeness in photograph(s) and/or video(s) in any of its publications, including social media and the LHDC website. I will make no monetary or other claims against AmeriCorps Seniors RSVP of LHDC to use these photograph(s)/video(s).

I do not permit to use my likeness in photograph(s)/video(s) to LHDC.

Volunteer Areas of Interest:

(Please mark all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Education | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Assembling Mailings | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Hospice | <input type="checkbox"/> Providing Rides |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Hospital | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Children/Teens | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Serving on Boards |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Games | <input type="checkbox"/> Leadership Role | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> Gardening | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Diversity Awareness | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Music | <input type="checkbox"/> Veterans |

Other areas of interest: _____

Physical or Medical Limitations: _____

Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience (Current, Past, Preferred) : _____

Do you prefer a set schedule? _____ If so, please mark below the days and times you prefer. Days/Hours

Available: Mon____ Tues____ Wed____ Thu____ Fri____ Mornings____ Afternoons____

Certifications

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for Lincoln Hills Development Corporation Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Lincoln Hills Development Corporation, the volunteer station, or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP I may come into contact with confidential information. I agree to protect this information and not disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Indiana. I will also keep in effect a valid Indiana Driver's license.

I acknowledge the above information is correct and understand the requirements set forth.

AmeriCorps Senior Volunteer Signature

Date

Staff Signature

Date

Return completed registration to: LHDC
**(Original Signatures
Required on the Form)** PO Box 336
302 Main Street
Tell City, IN
47586

For questions contact:
(800) 467-1435 ext. 230
kferguson@LHDC.org

The following information is optional and will not affect your enrollment with LHDC RSVP.

1. Occasionally LHDC RSVP will purchase volunteer recognition gifts for our volunteers. Please share your shirt size below.

T Shirt _____ Polo Shirt _____

2. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals Gifts Certificates
Logo wear Being chosen as the volunteer of the month Being highlighted in the newsletter
Other (Make suggestion) _____

3. AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).

Are you a Veteran? _____ Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

(Optional) Gender:

_____ Male
_____ Female

(Optional) Race/Ethnic Background:

___ White ___ Asian ___ African-American ___ Hispanic/Latino
___ American Indian/Alaska Native ___ Pacific Islander ___ Other

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of AmeriCorps Seniors RSVP, Lincoln Hills Development Corporation, or AmeriCorps Seniors.

Equal Employment Agency – LHDC provides services to clients regardless of race, sex, color, religion, age, ancestry, national origin, genetics, veteran status, sexual orientation or disability. The agency is an Equal Opportunity Employer. AmeriCorps RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Lincoln Hills Development Corporation RSVP at 1-800-467-1435 ext. 230.