



RETIRED SENIOR VOLUNTEER PROGRAM
VOLUNTEER REGISTRATION

333 – 6th Street, Rapid City, SD 57701 (605) 394-2507

Date: _____

Name _____ Birthdate _____ Age _____

Address _____ City/Zip/County _____

Phone _____ Cell Phone _____ Email _____

Race: Am. Indian/Alaska Nat Asian Black or African American Hawaiian/Pacific Isl. White

Are you a veteran? Yes No Do you have any active duty family members? Y/N # of active member's _____

Where did you hear about RSVP? _____

Emergency Contact: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Beneficiary for RSVP Accident Insurance (should you be involved in an accident while you are actively volunteering):

Name _____ Relationship _____

Address _____ Phone _____

Physical Conditions/Dissabilities _____

Education _____ Previous Work or Occupation _____

Special Skills, Training, Interests, or Hobbies that you would be willing to share:

Are you currently volunteering? _____ Where? _____

Type of assignment you are interested in:

Is there a particular agency you would like to work with? _____

Have you ever been convicted of a felony? _____

Some of our volunteer stations require back ground checks. Are you Willing to do a background check for volunteer services? _____

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for West River Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that RSVP may share my emergency contact information with the organization(s) I volunteer at.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to 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 South Dakota. I will also keep in effect a valid Driver's license.

RSVP Volunteer Signature Date

RSVP Staff Signature Date

PUBLICITY/PHOTOGRAPHIC WAIVER

I hereby grant the Retired Senior Volunteer Program (RSVP) and the City of Rapid City (City) permission to use my likeness in all photograph images, video and audio recordings (collectively "media") in any and all of its publications, including but not limited to pamphlets, posters, newsletters, press releases, advertisements in printed, video or audio form, television programs, radio programs, website entries, webcasts, podcasts, social media and streaming audio or video, without payment or any other consideration in perpetuity.

I hereby irrevocably authorize RSVP and City to edit, alter, copy, exhibit, publish or distribute such media for purposes of publicizing RSVP or City's programs or for any other lawful purpose. I waive any right to inspect or approve the finished product, including written or electronic copy, wherein such media appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the media.

I hereby hold harmless and release and forever discharge the RSVP and City from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, assigns or any other persons acting on my behalf of on behalf of my estate which may have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release, and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

For RSVP Use only
RSVP Official Enrollment Date: _____

Placement Site: _____ Placement Date: _____