



**Community Action of Southern Kentucky
Retired & Senior Volunteer Program (RSVP)**



Bowling Green, KY 42101

Telephone: (270)782-3162 Fax: (270) 842-5735 E-mail Address: gwood@casoky.org

VOLUNTEER ENROLLMENT FORM

Circle One

(Mr. Mrs. Ms.) _____ **Date of Birth** _____

Address _____ **Phone No.** _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Social Security No.: _____ **Email Address:** _____

Highest educational grade level you completed? _____

Are you a Veteran? () Yes () No

What is your racial group & ethnicity? _____

Service Available _____

Special training, skills or interests, i.e., languages, career experience, trades, etc.

Source of referral to RSVP: ___ newspaper ___ family ___ group meeting
___ TV/radio ___ another volunteer ___ other _____

How would you prefer to be contacted? _____

What types of volunteer work are you interested in doing? Please refer to Volunteer Job Description _____

I understand that travel reimbursements may be requested from the program.

Please indicate if you would need **travel** reimbursements () Yes** () No

****If you use your personal vehicle to transport yourself to a volunteer job, please provide:**

Driver's License State and Number: _____ Exp. Date: _____

Insurance Carrier _____

Policy Number _____

Physical Limitations _____

I hereby name the following person as my beneficiary of the accidental life insurance provided by the Retired and Senior Volunteer Program:

(Mr., Mrs., Ms.) _____ Relationship: _____

Address: _____ Phone No. _____

Please help us recruit others! We'd like to send her / him some information **without** obligation. Name of a friend or family member, age 55 or over, who may be a potential RSVP Volunteer:

Name: _____ Phone _____

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.

I also, agree to abide by the Kentucky State Law concerning Driver's license and car insurance requirements.

I understand that by submitting this application, I am granting Community Action of Southern Kentucky, Inc. permission to investigate any of the information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organization, companies and corporations collecting and supplying such information.

Enrollee Signature: _____ Date: _____

RSVP Interviewer: _____ Date: _____

RSVP Project Director: _____ Date: _____

In order to complete the application process, you must also complete the following forms, which are attached:

- a) Reference Authorization Forms Signed
- b) Agency Confidentiality Statements Signed

References (No Relatives Please)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Assignment Description

Volunteer Name _____

Volunteer Station _____

I would like to volunteer in the following area:

- Home Meal Delivery Aide
- Food Pantry Support
- Emergency Food Pantry Support
- Friendly Visitor
- Phone Pal
- Ombudsman Volunteer
- Military Coupon-er
- Commodities Volunteer
- Office Assistant
- Health Education Leader/Evidence Based Program Instructor
- Volunteer Income Tax Assistant
- RSVP Event Volunteer

Volunteer Signature _____

Date _____



REFERENCE AUTHORIZATION FORM

I respectfully request and authorize you to furnish Community Action of Southern Kentucky with any and all information you have concerning my previous educational or employment history.

I hereby release you, your organization or others from any damages which may result from supplying the information requested.

Applicant Signature Date

Applicant Name (PRINT)

Applicant Address



**COMMUNITY ACTION
OF SOUTHERN KENTUCKY**

Confidentiality Statement

Donald Butler
Special Consultant

- ADULT EDUCATION
- CHILDCARE
- COMMUNITY SERVICES
- FAMILY PRESERVATION
- EMERGENCY FOOD/SHELTER
- FOOD SERVICES
- FOSTER GRANDPARENTS
- HEAD START
- HEATING ASSISTANCE
- RSVP
- SENIOR CENTERS
- SUPPORTIVE HOUSING
- TRANSPORTATION
- WEATHERIZATION

Employees and volunteers of Community Action of Southern Kentucky, Inc. must maintain strict confidentiality in regard to the clients, events, and activities which take place within the agency. Employees and volunteers are prohibited from discussing clients or client agency situations with anyone other than a Community Action supervisor unless it is for the purpose of providing services, and with proper authorization. Take particular caution of disclosure to family, friends or other agencies, and be aware of your surroundings when discussing clients. Any communication about specific agency matters must be cleared with his/her supervisor.

In addition, telephone messages or notes regarding clients are not to be left lying around in an open area. All messages should be processed and held in strict confidence. Keep all client records and/or documentation secured to the extent possible.

Certain information at the agency is subject to the Open Records Request. Written requests for that information shall be submitted to the Executive Director.

Any violation of the confidentiality policy may result in the termination of an employee/volunteer from the agency.

I understand & agree to hold all information obtained in the course of employment or volunteer service with Community Action in the strictest confidence.

**921 Beauty Avenue
Bowling Green, KY
42101-9014
Ph. 270-782-3162
Fax 270-842-5735
www.casoky.org**

Equal Opportunity Employer

Employee/Volunteer

Date



Background Investigation Consent & Reference Authorization Form

I, _____, hereby authorize Community Action of Southern Kentucky, Inc., and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications to be an employee or volunteer now and, if applicable, during the tenure of my involvement as a volunteer or staff member with Community Action of Southern Kentucky, Inc. *(If applying for grant funded Senior Corps staff or FGP volunteer position, I further understand that: I am subject to National Sex Offender Registry, Kentucky Administrative Office of the Courts and FBI background checks. Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI investigation record are set forth in Title 28, CFR, 16.34.)*

I respectfully request and authorize listed references to furnish Community Action of Southern Kentucky with any and all information they have concerning my previous educational or employment history.

I release Community Action of Southern Kentucky, Inc., and/or agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand this notice will also apply to any future update reports that may be requested.

Applicant/Employee Signature

Date

Printed Name _____

Street Address _____

City, State, Zip _____