

LOS ALAMOS RSVP ENROLLEMENT

LOS ALAMOS VOLUNTEER ASSOCIATION



Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Are you a Veteran? Yes No Physical/Medical Limitations: _____

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes ___ No ___ If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

As a volunteer of RSVP, you will be covered by accident and personal liability 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, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience

Special Skills/Interests Languages

Volunteer Experience (Current, Past, Preferred)

Days/Hours Available: Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Mornings ___ Afternoons ___

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

1. I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Los Alamos Retired Senior Volunteer Program. I understand that I am not an employee of RSVP, LARSO, Los Alamos County, the station or the Federal Government and agree to serve without compensation. (Staff initial proof of age _____)
2. 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.
3. I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect auto liability insurance equal or greater to the minimum requirements of the state of New Mexico. I will also keep in effect a valid NM Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Please indicate if RSVP may have permission to use your likeness?

[] I hereby grant Los Alamos 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 RSVP of Los Alamos in perpetuity. I will make no monetary or other claim against RSVP of Los Alamos for the use of these photograph(s)/video(s).

[] I do not give permission to use my likeness in photograph(s)/video(s) to Los Alamos RSVP.

RSVP is often asked to provide demographical information pertaining to volunteer members. 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: (Optional) Race/Ethnic Background:

____ Male ____ White ____ Asian ____ African-American ____ Hispanic/Latino

____ Female ____ 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 RSVP, ABC County government or the Corporation of National and Community Services.

Equal Employment Agency - Los Alamos RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. 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 Los Alamos RSVP at 505-662-8923

Original signatures are required on the form. Return completed registration to:

Los Alamos RSVP

1101 Bathtub Row

Los Alamos, NM 87544

For Questions contact:

Sarah Chandler, RSVP Director

lava@losalamosseniorcenter.com

505-662-8923

