



AmeriCorps Retired and Senior Volunteer Program (RSVP)

Please print and complete all sections. Forms with original signatures are required for enrollment.

Please contact me occasionally with volunteer opportunities that may suit my skills and interests

Basic Information

Name:		_Birthdate:	_//	
Mailing Address:	City	:	Zip:	
Phone:	_Email:			
Physical/Medical Limitations:				
Beneficiary and Emergency Cont	act			
Beneficiary for AmeriCorps Senio	s RSVP Supplemental Accident I	nsurance		
Name:		Relationship:		
Mailing Address:	City:		Zip:	
Phone:	\Box This person is also	□ This person is also my emergency contact		
Emergency Contact (if different fr	om above)			
Name:		Relationship:		
Phone:				

Certifications

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Retired Senior Volunteer Program.
 I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, Spark the Change Colorado, 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 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 Colorado. I will also keep in effect a valid Driver's license.

ACS Volunteer Signature	Date	Staff Signature	Date

Please indicate if Spark the Change Colorado has permission to use your likeness.

I give permission for Metro Volunteers, dba Spark the Change Colorado, to use my likeness in photographs or videos in any or all

of it's publications. I will make no monetary or other claim against Spark the Change Colorado for the use of these photographs or videos

□ I do not give permission for Metro Volunteers, dba Spark the Change Colorado, to use my likeness in photographs or video.







OPTIONAL QUESTIONS—for office use only

Demographics

- 1. Veteran Status (please mark all that apply)
- □ I am a veteran.
- □ I am a active duty member of the US Armed Forces
- □ I live in a household with an immediate family members who is a Veteran of the US Armed Forces
- □ I live in a household with an immediate family member who is an active member of the US Armed Forces.
- \Box None of the Above.

2. What is your Gender?	3. Are you a member of the	4. Are you disabled?	5. Are you Hispanic		
🗆 Woman	LGBTQIA Community?	□ Yes	or Latinx?		
🗆 Man	□ Yes	🗆 No	□ Yes		
Prefer not to disclose	🗆 No		🗆 No		
Prefer to self-describe					
6. Please select the racial identity with which you most closely identify.					
Native American or Alaska	Native				
Asian/Asian American					
African/African American/Black					
Native Hawaiian or other Pacific Islander					

- □ White/Caucasian
- Two or more races

Recognition:

1. Occasionally Spark the Change Colorado will purchase volunteer recognition gifts for our volunteers. Please indicate the sizes

that you prefer for the different merchandise listed below:

Item	Size	ltem	Size
Jacket		Vest	
T-Shirt		Hat	

- 2. Which Show of appreciation would mean the most to you?
- □ Specially arranged meals
- □ Parties
- □ Gifts
- □ Certificates
- □ Logo wear
- □ Volunteer of the month program
- Being highlighted in the newsletter
- □ Other (Make a suggestion :___