



**AmeriCorps  
Seniors**

**Pierce & Kitsap County  
Volunteer Enrollment Form**



LUTHERAN  
**Community  
Services**  
NORTHWEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (You must be at least 55 years old to be RSVP) Male:  Female:

**PERSON TO NOTIFY IN EMERGENCY:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION:**

Will you drive to and from your volunteer activities? Yes  No

Do you have a valid Washington State Driver's License? Yes  No

Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Beneficiary(s) for RSVP Accident Insurance**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby volunteer my services through the Pierce County RSVP. If I use my car in volunteer service, I will keep in effect the minimum Liability Insurance. I hereby authorize and give full consent to Lutheran Community Services Northwest, and those acting under their permission, the right to use my photograph and/or video or audio recordings of me for illustration, advertising or publicity purposes. I waive any claim for compensation, damages or otherwise in connection with such use. I understand that this permission encompasses any and all time.

In order to be covered by the RSVP supplemental insurance (no charge) while volunteering at your current volunteer assignment, you must submit hours for that assignment.

**All information is kept confidential and is not distributed to outside sources. By signing this enrollment form, I agree and authorize a Washington State Patrol Identification and Background Check and a National Sex Offender Public website search at nsopw.gov. This search will be conducted if the volunteer position is episodic. These results can be reviewed by enrollee at any time.**

**I affirm that the information I have provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Signature of RSVP Staff)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

What type of volunteer work are you interested in? \_\_\_\_\_

Volunteer job location preferred: \_\_\_\_\_

Describe your past occupation or volunteer experience: \_\_\_\_\_

Please list site(s) where you volunteer: \_\_\_\_\_

Any physical/medical limitations? \_\_\_\_\_

How did you hear about RSVP? \_\_\_\_\_

**Special Note:** We frequently get calls from various agencies looking for volunteers for special events. These are considered to be short-term assignments and can last anywhere from one day to one month. When we receive these calls, we turn to you, the RSVP Volunteer, to fill the need.

May we call you to see if you are interested in working at any of these special events? **Saying yes in no way obligates you to work at any special event.** Yes  No

Do you have a Military Identification Card: Yes  No

**DEMOGRAPHIC INFORMATION:** *(Optional: We are required by our granting organizations to ask for this information, but you are not required to answer it. This information is used to report numbers only, and will not be used in any other fashion.)*

**Tribal Member:** Yes  No

**Veteran:** Yes  No

**Disabled:** Yes  No

**Ethnicity:**  Hispanic, Latino, or Spanish Origin

Not Hispanic, Latino or Spanish Origin

**Race:**  American Indian or Alaska Native

Asian

African American

Caucasian

Pacific Islander

Other Multiracial

**Country of Origin:** \_\_\_\_\_

**Language:** \_\_\_\_\_

***When this application is returned, our Volunteer Coordinator, Rena Marken will contact you and get the information needed to process the background check through HireRight. Please send your completed application to:***

**Attn: RSVP, Faye Calahan-Williams  
Lutheran Community Services Northwest  
3848 S Junett St Tacoma, WA 98409**

**Email: [RSVPpiercecounty@LCSNW.org](mailto:RSVPpiercecounty@LCSNW.org) or  
[RSVPkitsapcounty@LCSNW.org](mailto:RSVPkitsapcounty@LCSNW.org)**





A Century of Health, Justice and Hope  
Est. 1921

## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT AND VOLUNTEER PURPOSES

### DISCLOSURE

Lutheran Community Services Northwest may request a background report containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for LCSNW. HireRight is located and can be contacted 3349 Michelson Drive, Suite 150, Irvine, CA 92612 (800) 400-2761. [www.hireright.com](http://www.hireright.com)

The background report may contain information regarding your general history and may include, but is not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; and address and alias history.

### AUTHORIZATION

I hereby authorize LCSNW to obtain the background report described above about me.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_